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| Case Number: | CM15-0198668 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 12/12/2002 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a(n) 62 year old female, who sustained an industrial injury on 12-12-02. The injured worker was diagnosed as having chronic cervical and lumbar radicular pain with failed back syndrome, lumbosacral spondylosis without myelopathy and cervical spondylosis without myelopathy. The PR2 dated 4-10-15 indicated 7 out of 10 pain in the cervical and lumbar spine. The physical examination was deferred. As of the PR2 dated 7-3-15, the injured worker reports cervical and lumbar pain. She rates her pain 6 out of 10. The physical examination was deferred. Current medications include Amitriptyline, Baclofen, Ibuprofen, Norco, Zanaflex, Voltaren gel and Atarax. Treatment to date has included a TENS unit, physical therapy and "multiple" epidural and facet injections. The treating physician requested Atarax. The Utilization Review dated 9-17-15, non-certified the request for Atarax.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydroxyzine Hydrochloride (Atarax): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.medicinenet.com/Hydroxyzine/article.htm].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atarax prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic spine pain. When seen, she had pain rated at 7/10. She was not having any radiating symptoms. She was not having any significant medication related side effects. Her history included prior cervical and lumbar fusions, hypertension, and dyslipidemia. Her social history was positive for smoking 1.5 packs per day and she was not using alcohol and there was no history of alcohol abuse. There were allergies to latex, penicillin, Keflex, and Nucynta. There was an elevated blood pressure and weight of over 220 pounds. Atarax 25 mg four times per day as needed #120 and the claimant's other medications were refilled. Atarax (hydroxyzine hydrochloride) is indicated for the management of anxiety and tension and anxiety, control of pruritus, control of nausea and vomiting, and as adjunctive therapy in the treatment of alcoholism. In this case, the claimant does not have any of these conditions. Prescribing Atarax is not medically necessary.