

Case Number:	CM15-0207105		
Date Assigned:	10/23/2015	Date of Injury:	08/09/2010
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57-year-old male injured worker suffered an industrial injury on 8-9-2010. The diagnoses included depression with anxiety. On 6-19-2015, the psychologist noted the injured worker was taking Cymbalta and Xanax and it had been helping. On 7-20-2015, the AME noted he had been taking Benadryl, Cymbalta, Hydroxyzine, Zolpidem and Alprazolam. The medical record did not include an indication for or evidence of effectiveness of the requested treatment. Request for Authorization date was 9-21-2015. The Utilization Review on 10-6-2015 determined non-certification for Hydroxyzine HCL 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 50mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Hydroxyzine.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The Physician Desk Reference states the requested medication is indicated in the treatment of anxiety and pruritus. The patient has the documented diagnosis of anxiety and has not contraindications to the medication. Therefore, the request is medically necessary.