

<b>Case Number:</b>	CM15-0031587		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: California

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 57 year old male, who sustained an industrial injury on 6/7/12. He has reported pain in the neck, back and knees related to cumulative trauma and depression related to stress at work. The diagnoses have included cervicgia, cervical and lumbar radiculopathy, depression, anxiety and status post knee surgery. Treatment to date has included psychotherapy, diagnostic studies and oral medications. As of the PR2 dated 3/5/14, the injured worker reports a previous hospitalization for suicidal ideation. The treating physician requested Atarax 10mg #30. On 1/29/15, Utilization Review non-certified a request for Atarax 10mg #30. The utilization review physician cited medical necessity. On 2/2/15, the injured worker submitted an application for IMR for review of Atarax 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atarax 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.uptodate.com/contents/hydroxyzine-drug-information?source=search\\_result&search=atarax&selectedTitle=1~72#F181093](http://www.uptodate.com/contents/hydroxyzine-drug-information?source=search_result&search=atarax&selectedTitle=1~72#F181093).

**Decision rationale:** According to Uptodate, Atarax (hydroxyzine) is recommended in the treatment of anxiety/agitation (including adjunctive therapy in alcoholism); adjunct to pre and postoperative analgesia and anesthesia; antipruritic; antiemetic. Within the submitted documentation, the patient has documented psychiatric disorder, however, it is not clearly documented that the patient has anxiety or agitation. In addition, there is no documentation of pruritis, nausea, vomiting, or plan for surgery to warrant the use of this medication. Therefore, the request for Atarax is not medically necessary.