

Case Number:	CM15-0033790		
Date Assigned:	02/27/2015	Date of Injury:	09/02/1999
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 injured worker is a 59 year old female, who sustained an industrial injury on September 2, 1999. The diagnoses have included complex regional pain syndrome affecting all four extremities. Treatment to date has included pain medication, muscle relaxers, Non-steroidal anti-inflammatory drug and topical gel. Currently, the injured worker complains of complex regional pain syndrome affecting all four extremities. In a progress note dated January 8, 2015, the treating provider reports on examination the injured worker is slightly antalgic, bilateral mottling and swelling in the lower extremities and cool to the touch. On January 26, 2015 Utilization Review non-certified Atarax 25mg 50 to 100mg as needed with 2 refills, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg 50 to 100mg PRN 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Edition (web), 2015, Pain-Insomnia treatment.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. The requested medication is not a recommendation per the ODG in the treatment of insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not certified.