

Case Number:	CM15-0045189		
Date Assigned:	03/16/2015	Date of Injury:	07/22/2002
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Florida

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 (IW) is a 62-year-old male who sustained an industrial injury on 07/22/2002. The left knee was affected. Subsequently, the right knee became affected and eventually both knees were replaced. He sustained injury to the bilateral elbows and back due to a fall after a surgery. Immobility due to pain led to weight gain and depression. Diagnoses include major depressive disorder, single episode, moderate. Treatment to date has included medications and psychotherapy. Diagnostics performed to date included psychological testing. According to the progress notes dated 7/31/14, the IW reported no change in symptoms. The notes stated the requested medication, Atarax, has been one of the IW's regular medications for more than five years and it needs to be continued for his well-being.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/atarax.html>, Atarax.

Decision rationale: Atarax is an FDA approved Antihistamine. It is noted by the FDA to have the following indication, "For symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested." The FDA goes on to state that Hydroxyzine's long term use for the treatment of Anxiety has not been established. This patient has been taking this medication long term - for more than 5 years. The documentation provided does not state that this medication has helped the patient sleep, and needs to be "continued for his well being." This medication has been effectively helping the patient with his Anxiety. It is considered medically necessary.