

Case Number:	CM15-0051652		
Date Assigned:	03/25/2015	Date of Injury:	12/03/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54-year-old, female, who sustained a work related injury on 12/3/12. The diagnoses have included chronic back pain, lumbar post laminectomy and left sciatica. Treatments have included medications, physical therapy, lumbar surgery and use of a walker and cane. In the PR-2 dated 2/26/15, the injured worker has decreased motion of lumbar area. In the PR-2 dated 3/6/15, the injured worker complains of back pain with radiation down both legs, left greater than right. She has tenderness to palpation in left lower back. The treatment plan is to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydroxyzine PAM 25 mg #180 with a date of service of 2/26/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer.

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

Decision rationale: While there is no clear indication provided in the available medical record for the use of hydroxyzine in this IW's care; presumably (based on dosing schedule) it is being utilized as an anxiolytic. The ODG states regarding the use of anit-anxiety medications; "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis..." Anxiety disorders recognized by the ODG for treatment related to pain control include: (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). Hydroxyzine is recommended as a possible treatment for generalized anxiety disorder only with a recommended dosage of 50mg/day. The availble medical record does not show a diagnosis of GAD and the prescribed regimen of 25 mg every 4 hours (150mg/day) is 3 times the recommended daily dose for anxiety control. As such the request for hydroxyzine 25 mg x180 is deemed not medically necessary.