MAXIMUS Federal Services

Case Number:	CM15-0057602		
Date Assigned:	04/02/2015	Date of Injury:	05/15/2003
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 58 year old male who sustained an industrial injury on 5/15/03. The mechanism of injury is unclear. He currently complains of low back pain with radiation to left leg. Medications are cyclobenzaprine and ibuprofen. Diagnoses include lumbar spine discopathy; knee tendinitis. Treatments to date are medications. There are no diagnostics for review. The available treating provider's progress note dated 2/2/15 does not indicate Hydroxyzine as a current or recommended medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 25mg #60 Refill: 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-Histamine for Insomnia.

Decision rationale: The patient presents with low back pain with radiation to left leg. The request is for Hydroxyzine HCL 25mg #60 with 2 refills. There is no RFA provided and the patient's date of injury is 05/15/03. Diagnoses include lumbar spine discopathy; knee tendinitis. Per 02/02/15 report, physical examination to the lumbar spine revealed tenderness to palpation with decreased range of motion and spasms. Current medications include Hydroxyzine, Cyclobenzaprine and Motrin. The patient's work status is unavailable. Official Disability Guidelines has the following regarding anti-Histamine for insomnia: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." In this case, provided medical reports are handwritten and illegible. It appears provider is initiating the use of Hydroxyzine, as it is not included in provided reports. The progress reports do not document any symptoms or diagnosis of insomnia. Additionally, regarding Vistaril (Hydroxyzine), ODG states that tolerance develops within a few days, therefore it is not intended for a long-term use. The patient has been taking Vistaril for several months. Therefore, this request for Hydroxyzine HCL 25mg #60 with 2 refills IS NOT medically necessary.