

<b>Case Number:</b>	CM15-0060949		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old male, who sustained an industrial injury on January 20, 2010. He reported injuring his back after falling with a door closing on his back. The injured worker was diagnosed as having lumbago low back pain and cervicgia/cervical pain. Treatment to date has included electro diagnostic study of the upper extremities, physical therapy, functional restoration program, and medication. Currently, the injured worker complains of neck pain, left shoulder pain, and back pain. The Primary Treating Physician's report dated February 11, 2015, noted the injured worker was dealing with a new diagnosis of kidney stones. The injured worker reported his pain at 6/10 with medications, and 8/10 without medications. The current medications were listed as Hydroxyzine Pamoate, Lisinopril, Tramadol, Norco, Lopressor, Glucophage, Colcris, and Motrin. Physical examination was noted to show tender cervical paraspinal muscles and tender bilateral paralumbar muscles. The treatment plan noted the prescription for the Hydroxyzine Pamoate, and waiting for psychology authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine pamoate capsules 50mg QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Hydroxyzine.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the Physician Desk Reference, Hydroxyzine is for anxiety, pruritus, sedation while under anesthesia, nausea/vomiting, and insomnia. There is no wholesome history and physical surrounding these conditions, and why this medicine is essential to care. The request is appropriately not medically necessary.

**Referral to psychologist for consultation and visits QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Regarding the psychologist consultation, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127. Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the 'Other Guidelines' categorization. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.