

Case Number:	CM15-0080181		
Date Assigned:	05/01/2015	Date of Injury:	02/03/2011
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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 35 year old male, who sustained an industrial injury on 2/3/2011. He reported low back pain. The injured worker was diagnosed as having leg pain, and lumbosacral sprain, chronic lumbar sprain, lumbar degenerative disc disease, chronic bilateral lower extremity radicular symptoms, status post cervical sprain, and history of cervicogenic headaches. Treatment to date has included medications, limited duty, orthotics, and radiofrequency ablation. The request is for Atarax. On 2/10/2015, he complained of continued low back pain with pain in both legs. He reported having a lot of anxiety due to pain. The records indicate radiofrequency ablation to have helped in pain reduction. The treatment plan included: Tramadol, and Atarax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 03/23/15) Anxiety medications in chronic pain.

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

Decision rationale: The MTUS and ODG were silent on this medicine. There is mention that the patient has anxiety due to the pain. The Atarax is proposed for anxiety treatment. Atarax is also known as Hydroxyzine. It is a brand discontinued in the US. The generic is used for anxiety, itching, nausea and vomiting, sedation for anesthesia, and insomnia. It would not be a first choice drug for true, DSM-IV verified anxiety. The anxiety report is subjective, with no DSM- IV verification. Moreover, Atarax is to be used with caution with other CNS precautions, with other antidepressants, with alcohol or if there is asthma. I did not see that these precautions were addressed with the claimant. Moreover, I did not see that the claimant had these conditions, nor why the medicine was being prescribed. The request is not medically necessary.