

Case Number:	CM15-0080516		
Date Assigned:	05/01/2015	Date of Injury:	02/17/2006
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
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: North Carolina

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 is a 56-year-old male, who sustained an industrial injury on 2/17/06. The injured worker has complaints of constant low back pain that radiates to the bilateral lower extremities, left greater than right with associated numbness, tingling and burning sensation. He complains of right wrist/hand pain; burning sensation to his stomach and anxiety, depression, stress and insomnia. The diagnoses have included major depression with psychotic features and anxiety disorder, not otherwise specified with complaints of hearing voices; status post transforaminal lumbar interbody fusion at L3-L4 on 10/23/14; severe chronic pain and breakthrough pain and disc herniation at L3-L4 with severe neural foraminal stenosis; status post decompression at L3-L4 on 9/4/13 with residual back pain. Treatment to date has included cardio; reduced-calorie diet; home exercise program; biking; swimming and stretching and strengthening program for core stabilization and pain medications. The request was for antarax 10mg #60 (prescribed 3/06/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Antarax 10mg #60 (prescribed 3/06/2015): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer (October 2001) Atarax (hydroxyzine); Official Disability Guidelines: Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, atarax.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication reduces activity in the central nervous system and acts as an antihistamine. It is used as a sedative to treat anxiety and allergic skin reactions, urticaria and contact dermatitis. The provided clinical documentation indicates the patient has anxiety and therefore the request is medically necessary.