MAXIMUS Federal Services

Case Number:	CM15-0087461		
Date Assigned:	05/11/2015	Date of Injury:	01/31/2010
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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, Georgia
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 51 year old, female who sustained a work related injury on 1/31/10. She slipped on water on floor, fell backwards landing on her back. As she was falling, she jerked her neck and entire spine awkwardly and struck her shoulders against the floor. She had immediate pain in the neck, shoulders, hands/wrists and lower back. She bruised her left hip. The diagnoses have included status post right shoulder surgery, rotator cuff tear right shoulder, chronic pain syndrome and depression/anxiety. The treatments have included topical creams and ibuprofen. In the PR-2 dated 2/26/15, the injured worker complains of frustration with lack of care. She was hoping to proceed with shoulder surgery. An orthopedic surgeon that takes care of worker's compensation clients needs to be consulted. She has right cervical spine tenderness with right shoulder tenderness and mild range of motion restriction. She is not taking any opioid medications that might cause gastrointestinal upset or pruritus to consider in the use of Hydroxyzine. The treatment plan includes awaiting a psychological evaluation and treatment, waiting for transfer of orthopedic care and a request for refill of Ibuprofen. There is no request for Hydroxyzine at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LexiComp 2015.

Decision rationale: CA MTUS and ODG are silent on the use of hydroxyzine. Hydroxyzine is a first generation antihistamine indicated as an anti-emetic, for anxiety, pre-operative sedation and pruritus. In this case, the medical record does not describe the indication for which hydroxyzine is prescribed and does not describe any response to treatment. There is no support for a medical indication for hydroxyzine use in this case.