

Case Number:	CM15-0088890		
Date Assigned:	05/13/2015	Date of Injury:	07/01/2013
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old male, with a reported date of injury of 07/01/2013. The diagnoses include generalized psoriasis triggered by irritant contact dermatitis. Treatments to date have included topical medications. The progress report dated 02/27/2015 is handwritten and somewhat illegible. The report indicates that the injured worker was applying and using all prescribed medications faithfully and as prescribed. There has been a slight flare-up of the psoriatic lesions since last seen. It was noted that the injured worker practiced proper hand hygiene and tried hard to avoid scratching. The Hydroxyzine helped quite a bit in this regards. The objective findings include psoriatic skin lesions were a little more active on the day of the visit, but without evidence of infection. The treating physician requested Hydroxyzine 25mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter (online) 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 (ODG).

Decision rationale: According to ODG guidelines, Hydroxysine could be used as an alternative as an anxiety medication for chronic pain. In this case, there is no evidence that the patient tried and/or failed tricyclic medication. Therefore, the request for Hydroxyzine 25mg #120 is not medically necessary.