

Case Number:	CM13-0066629		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2009
Decision Date:	09/26/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male involved in a work related injury from 8/14/09. The data indicates that he had an injury which led to chronic back pain as well as pain in the legs, shoulders, upper back, and neck. The notes indicate long term use of Vicodin and Atarax. Atarax is used as an anxiolytic drug, but the treating physician states that the Atarax was used to potentiate the effects of the injured worker's opioid medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25 mg, #120 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications in Chronic Pain.

Decision rationale: The injured worker had been using this drug for years, going back to at least 2011. The injured worker did not have a diagnosis of anxiety or other psychological pathologies. Thus it does not appear that there was a clinical indication for the use of this drug. Similarly, a comment was documented by the treating provider that the use of the Atarax was to aid in

potentiating the effects of the injured worker's opiate analgesia. However, upon reviewing the notes, there is little data indicating that the injured worker was having any benefit from the drug or that he was having significant ongoing pain relief. There is nothing to support that the Atarax was playing any major or significant role in the injured worker's recovery or analgesia. There is nothing about reduction in pain or functional improvement. Therefore, this medication is not medically indicated based on Official Disability Guidelines.