

Case Number:	CM14-0144042		
Date Assigned:	09/12/2014	Date of Injury:	03/09/2008
Decision Date:	11/13/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, and is licensed to practice in New York. 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 52 year old man with a date of injury of 3/9/08. He was seen by his physician on 7/7/14 to follow up his chronic pain. He was status post right shoulder surgery on 6/6/14 and he had complaints of intermittent rash over his proximal arm with right elbow and shoulder blade tightness, treated with a Medrol dose pack. He was in a shoulder immobilizer and using a home exercise program. He reported poor sleep due to shoulder and back pain and bilateral lower extremity paresthesias. His medications included Oxycontin, OxyIR, Lyrica, Zolof and Zantac. His exam showed minimal swelling over the right anterior shoulder with blanchy erythematous rash over his right upper arm and a few blanchy spots over the right dorsum of the right forearm. There was no rash noted over the trunk or the hand. He had 4+/5 strength of the right wrist/hand and his shoulder was not tested due to the recent surgery. He had paraspinal lumbar tenderness without spasm and a straight leg raise in the sitting position at 80 degrees. His motor exam showed normal tone and strength in both lower extremities. His diagnoses were right shoulder rotator cuff tear status post-surgical repair, worsening pain secondary to recent surgery, lumbar degenerative disease with chronic L5-S1 radiculopathy, right medial elbow pain secondary to flexor tendinopathy and chronic pain related anxiety and depression. He also had a post-op rash of right arm, likely secondary to allergies either post op dressing or the shoulder immobilizer. At issue in this review is the prescription for hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: uptodate hydroxyzine: drug information

Decision rationale: Hydroxyzine is used in the treatment of anxiety/agitation and as an antipruritic and antiemetic. This injured worker has had recent shoulder surgery and has developed a rash on his forearm. The records do not document significant pruritics or discomfort or a discussion of side effects / medication interactions to medically justify the prescription of Hydroxyzine. Therefore, this request is not medically necessary.