

<b>Case Number:</b>	CM14-0156092		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 31 year-old female with a date of injury of May 17, 2013. The patient's industrially related diagnoses include chronic left shoulder pain, status post left shoulder arthroscopic acromioplasty and Mumford procedure from 11/12/2013, chronic cervical myofascial pain, chronic right shoulder sprain, chronic headache, and anxiety secondary to her industrial injury. The disputed issues are prescriptions for Norco 5/325mg #120 with no refills and Atarax 25mg #120 with 3 refills. A utilization review determination on 9/10/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "The medical records in this case do not document specific functional goals or functional benefit to support an indication for opioid use. This patient in addition does not have a diagnosis for which the guidelines would recommend chronic opioid use. This medication is not supported by the guidelines or the available documentation." The stated rationale for the denial of Atarax was: "FDA label information describes this medication as an antihistamine, with indications including short-term treatment for nausea, vomiting, hives, or itching. This information does not support this medication as a chronic medication and medical records in this case do not provide an alternate rationale. This request is not supported by the documentation provided."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 po q6h #120, no refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), MTUS Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. In the progress report dated 9/17/2014, the treating physician provided further documentation regarding the monitoring of the four domains for on-going management with opioids in response to the denial of Norco. It was documented that the injured worker obtained pain relief from the Norco taken for pain and did not have any significant side effects from the medication. Furthermore, there was documentation of increased physical and psychosocial functioning as a result of the medication use. Lastly, the treating physician documented that there was a signed pain management agreement on file, and indicated that there was no aberrant drug taking behavior noted. Based on the guidelines and in light of the additional documentation provided by the treating physician, the currently requested Norco 5/325mg #120 1 tab PO Q6H with no refills is medically necessary.

**Atarax 25mg 1 po q6h #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 National Library of Medicine

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

**Decision rationale:** Regarding the request for Atarax (Hydroxyzine), the Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines are silent regarding this medication. The Official Disability Guidelines state the following under anxiety medications in chronic pain: "Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety.... Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs." The guidelines specifically state that hydroxyzine (Atarax) is another medication that may be useful in the management of anxiety and dosing is recommended at 50 mg/day. Within the progress reports available for review, the treating physician repeatedly documented that the injured worker was somewhat anxious and provided the following rationale for prescribing Atarax: "It is most likely that based on its anti-anxiety effect Atarax potentiates the effects of opioids to provide more effective pain relief" and used WebMD as a reference. However, there was no indication that the injured worker tried and failed a first-line agent for the

management of anxiety as recommended by the guidelines. Furthermore, the prescription is written for Atarax 25mg 1 po Q6H (100 mg/day) which exceeds the dosing instructions provided by the guidelines. In light of these issues, the request for Atarax 25mg #120 1 po Q6H is not medically necessary.