

<b>Case Number:</b>	CM14-0211694		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44-year-old female with a 1/27/12 date of injury. She was seen on 12/4/14 exhibiting depression with difficulty sleeping and a flat affect. She was also seen on 12/30/14 where Atarax was prescribed along with hydrocodone, Tramadol, Mirtazapine, Topamax and her pain decreased to a 3-4/10. She was prescribed Atarax due to the itching from her opiate use. Treatment to date includes surgery, home exercise, medications, and psychotherapy. Her diagnosis is adhesive capsulitis status post left shoulder decompression and cervical strain with arm numbness. The UR decision dated 11/25/14 denied the request, as Atarax is not a medication for opiate induced itching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atarax 25mg #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Atarax

**Decision rationale:** CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration (FDA) states that Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis, and as an adjunct in organic disease states in which anxiety is manifested. In addition, it is useful in the management of pruritus due to allergic conditions such as chronic urticarial, atopic and contact dermatoses, and in histamine-mediated pruritus. The effectiveness of hydroxyzine as an antianxiety agent for long-term use, that is more than 4 months, has not been assessed by systematic clinical studies. This patient has a date of injury in 1999. She has been on chronic opiates and Atarax is not recommended, per the FDA for opiate induced itching. Therefore, the request for Atarax 25 mg #120 is not medically necessary.