

Case Number:	CM15-0110338		
Date Assigned:	06/16/2015	Date of Injury:	01/01/1996
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 67-year-old female who sustained an industrial injury on 01/01/96. Initial complaints and diagnoses are not available. Treatments to date include medications and psychological counseling. In an internal medicine evaluation the patient was on Cymbalta 60mg, Wellbutrin total of 450mg per day, temazepam 30mg at HS, Klonopin 0.5mg at HS, and Latuda 40mg at HS. A psychiatry PR2 of 04/30/15 reported diagnoses of major depressive disorder with psychotic features and panic disorder without agoraphobia. Complaints included severe depression and anxiety, lack of motivation, reclusiveness, and panic. A PR2 by her treating psychologist noted some progress in socializing and return to normalization, but that she remained at high risk of repeat of past suicide attempts. That the patient continued to show the treating provider reports the plan of care as continued psychological treatment, with a request for hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 25mg #30 dispensed on 5/4/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding hydroxyzine. Official Disability Guidelines Anti-anxiety medications in chronic pain.

Decision rationale: Hydroxyzine (Vistaril) is an antihistamine which can be used for its anxiolytic effects. It has virtually none of the problems associated with benzodiazepines (e.g. abuse, dependence, or addiction), but has much of the efficacy in alleviating anxiety. However, there is inadequate documentation providing rationale for use of this agent, and no current records past 04/30/15. This request is therefore not medically necessary.