

Case Number:	CM15-0111353		
Date Assigned:	06/17/2015	Date of Injury:	03/18/2014
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 03/18/2014. She has reported subsequent neck and bilateral shoulder pain and was diagnosed with cervical sprain/strain with spondylosis and bilateral shoulder sprain/strain. The injured worker was also diagnosed with unspecified depressive disorder, somatic symptom disorder with predominant pain and psychological factors affecting medical condition. Treatment to date has included medication and psychotherapy. In a progress note dated 03/12/2015, the injured worker was noted to be in mourning over the death of a loved one and to be sleeping only 4-5 hours/night. Previous visit notes also showed that the injured worker experienced profound symptoms of depression and anxiety. No objective examination findings were documented. A request for authorization of Atarax was submitted for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment and Other Medical Treatment Guidelines FDA Approved labeling information for Atarax from National Library of Medicine DailyMed Website.

Decision rationale: ODG does not recommend pharmacological treatment of insomnia without evaluation of the cause of insomnia, which has not been documented in this case. FDA approved labeling information does not discuss insomnia as an indication for the antihistamine Atarax, which is indicated for acute pruritis or for anxiety in some situations. Overall the treatment guidelines and records do not document an indication for this medication; the request is not medically necessary.