

Case Number:	CM15-0119873		
Date Assigned:	06/30/2015	Date of Injury:	03/13/2007
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 41 year old male, who sustained an industrial injury on 03/13/2007. The injured worker was noted to have symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. On provider visit dated 05/15/2015 the injured worker has reported depression, lack of motivation, emptiness and inadequacy, difficulty thinking and staying asleep. On examination of the injured worker was noted to have depressed facial expression, visible anxiety, and being soft spoken. The diagnoses have included anxiety. Treatment to date has included psychological evaluation and medication. The provider requested Atarax 25mg, #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg, #30 with 2 refills: 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 FDA.gov-Atarax.

Decision rationale: 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. The effectiveness of hydroxyzine as an anti anxiety agent for long-term use, that is more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. The continued use of Atarax is not clinically indicated as the injured worker has been prescribed this medication for at least 9 months along with other sedating medications such as Benzodiazepines and Opiates. The request for Atarax 25mg, #30 with 2 refills is excessive and not medically necessary.