

Case Number:	CM15-0121515		
Date Assigned:	07/01/2015	Date of Injury:	01/19/2006
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 73 year old male, who sustained an industrial injury on 01/19/2006. On provider visit dated 04/30/2015 the injured worker has reported that depressive symptoms persist, also having complains of pain and trouble sleeping, and reported that medications are helpful. Objective findings revealed limited information. The diagnoses have included major depressive disorder, insomnia type sleep disorder due to pain, male hypoactive sexual desired disorder due to pain and psychological factors affecting medical condition. Treatment to date has included medication and laboratory studies. The provider requested Atarax 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version) Anxiety medications in chronic 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 Chapter, and Anxiety medications in chronic pain.

Decision rationale: Regarding the request for Atarax, CA MTUS does not specifically address the issue. ODG recommends diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnoses. Within the documentation available for review, there is no indication of any specific diagnosis of an anxiety disorder as well as demonstrated efficacy from prior use of the medication to support ongoing use. In light of the above issues, the currently requested Atarax is not medically necessary.