

Case Number:	CM15-0171379		
Date Assigned:	09/14/2015	Date of Injury:	05/24/2002
Decision Date:	10/13/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 5-24-2002. Diagnoses include lumbar radiculopathy, chronic low back pain, lumbar myofascial pain syndrome and status post lumbar microdiscectomy. Treatment to date has included diagnostics, surgery and medications. Per the Primary Treating Physician's Progress Report dated 7-02-2015, the injured worker reported ongoing back pain with frequent shooting pain down the right lateral leg and into the great toe of the right foot. She occasionally has pain radiating down the lateral left leg. She currently rates her pain as 7-8 out of 10 with medications. Hydroxyzine is effective for itchiness. Objective findings included moderate tenderness about the lumbar paraspinal muscles with spasm noted. There was limited range of motion of the lumbar spine in forward flexion at 60 degrees and extension at 10 degrees. Per the medical records dated 10-30-2014 the plan of care included continuation of Hydroxyzine. Authorization was requested on 7-07-2015 for magnetic resonance imaging (MRI) of the lumbar spine, urine drug screen, MS Contin, Percocet, Soma, Lyrica, Relafen, Prilosec, Cymbalta, Hydroxyzine, and Amitiza. On 8-01-2015, Utilization Review non-certified the request for Hydroxyzine 25mg #60 due to lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25 mg #60: 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 Pruritis- National Health Guidelines Jun 2011- section of anti-histamine and pruritis.

Decision rationale: According to the referenced literature, Hydroxyzine is an antihistamine. It has been studied for anxiety and has been used for itching related to eczema. In this case, the claimant had drug induced itching. The culprit medication is unknown. Antihistamines are intended for short-term use (7-14 days). In this case, the claimant was on Hydroxyzine for several months. Consideration for changing or discontinuing medication is ideal over prolonged use of antihistamine. Continued use of Hydroxyzine is not medically necessary.