

Case Number:	CM15-0071799		
Date Assigned:	04/22/2015	Date of Injury:	12/26/1999
Decision Date:	06/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational Medicine

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 50 year old female, who sustained an industrial injury on December 26, 1999, incurred neck and back injuries from pushing and pulling large racks. She was diagnosed with a neck sprain, brachial neuritis and cervicalgia. Treatment included steroid injections, pain medications, and anti-inflammatory drugs. Currently, the injured worker complained of persistent neck pain, itching from the pain medications and insomnia. The treatment plan that was requested for authorization included a prescription for Atarax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Atarax 50mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section/Insomnia <http://www.medicinenet.com/hydroxyzine>.

Decision rationale: The MTUS Guidelines do not address the use of Hydroxyzine (Atarax). Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Per manufacturer's information, Hydroxyzine is indicated for the symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Also useful in the management of histamine mediated pruritis from allergic conditions such as chronic urticaria, atopic and contact dermatoses. In addition, Atarax is useful as a sedative when used as premedication and following general anesthesia, The patient's medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate the use of non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for 1 prescription of Atarax 50mg #60 is determined to not be medically necessary.