

<b>Case Number:</b>	CM15-0097923		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	05/15/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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

### 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 57-year-old male, who sustained an industrial injury on 05/15/2003. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/02/2015 the injured worker has reported low back pain that radiates to left leg. Bilateral knee pain was noted as well. On examination of the bilateral knees revealed pain with palpation to medial joint line and patella tendinitis. Lumbar spine was noted to have spasm, tenderness and reduced range of motion. The diagnoses have included lumbar spine discopathy and bilateral tendinitis. Treatment to date has included medication. The provider requested Hydroxyzine HCL 25mg, #60, with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine HCL 25mg, #60, with 2 refills:** 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 (updated 04/06/15)-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 Pain chapter, Anti-histamine for insomnia.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities. The request is for HYDROXYZINE HCL 25MG, #60, WITH 2 REFILLS. The request for authorization is not provided. Provided medical records are handwritten and illegible. Physical examination of the bilateral knees reveals pain with palpation to medial joint line and patella tendinitis. Exam of lumbar spine reveals tenderness and reduced range of motion. The patient's work status is not provided. ODG guidelines have the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Treater does not specifically discuss this medication. Review of provided progress reports do not document any symptoms or diagnosis of insomnia. Additionally, ODG states that tolerance develops within a few days. There is no long-term support for this medication by guidelines. The request for Hydroxyzine #60 with 2 refills does not indicate short-term use. Therefore, the request IS NOT medically necessary.