

Case Number:	CM14-0017363		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2013
Decision Date:	09/12/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of August 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; and earlier ankle surgery. In a Utilization Review Report dated February 4, 2014, the claims administrator approved a request for morphine and oxycodone while denying a request for hydroxyzine (Atarax). The claims administrator stated that the attending provider had failed to justify ongoing usage of hydroxyzine. The applicant's attorney subsequently appealed. The applicant did undergo an ankle arthroscopy, drilling, excision, and debridement of an osteochondral lesion surgery on December 11, 2013. On August 13, 2013, the applicant was asked to employ a Cam Walker and Naprosyn. On January 30, 2014, the applicant underwent right ankle arthroscopic debridement and microfracture of an osteochondral lesion about the talus to ameliorate a postoperative diagnosis of right ankle osteochondral lesion of the talus and synovitis of right ankle. On January 28, 2014, the applicant was apparently medically cleared for surgery. The applicant was using Zestril and triamterene for hypertension and Advil for ankle pain. There was no mention of the need for hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROXYZINE PAMOATE 25MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Hydroxyzine Medication Guide.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as hydroxyzine may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or psychological resources, in this case, however, it was not clearly stated that the applicant had in fact developed acute issues with anxiety for which selection of hydroxyzine would have been indicated. Similarly, the National Library of Medicine (NLM) suggests that hydroxyzine or Atarax can be employed in the treatment of anxiety, nervousness, nausea, vomiting, hives, allergies, and/or itching. In this case, again, there is no mention of any of the aforementioned issues present. The attending provider did not allude to usage of hydroxyzine on any of the cited progress notes. No rationale for selection of the same was proffered by the attending provider. Therefore, the request is not medically necessary.