

<b>Case Number:</b>	CM15-0131702		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 40 year old male who sustained an industrial injury on 11/06/2014. Mechanism of injury occurred when getting out of the patrol car he felt a sharp pain in the left peroneal area radiating up to the lateral side of the calf. Diagnoses include left foot peroneal tendonitis, and calcaneovalgus. Treatment to date has included diagnostic studies, medications, and 5 physical therapy sessions without relief. His medications include OxyContin, Vistaril, Oxycodone and Ambien. A Magnetic Resonance Imaging of the left foot done on 04/27/2015 shows a well-demarcated lesion of T2 hyper intensity was noted in the plantar aspect of the second interspace, which may represent prominent vasculature versus ganglion cyst or atypical neuroma, clinical correlation is recommended. There was mild tenosynovitis of the peroneus brevis and peroneus longus tendons. An unofficial Magnetic Resonance Imaging of the left ankle done on 02/04/2015 shows tenosynovitis of the retro malleolar portion of the common peroneal tendon sheath was identified. There was a longitudinal split tear of the peroneus brevis tendon in the immediate inframalleolar position. More distally the peroneus brevis tendon assumed a normal morphology. A physician progress note dated 06/09/2015 documents the injured worker has had plantar fascial heel pain after standing for about 20 to 30 minutes. He has some pain in walking and there was limping in the left lower extremity. His bilateral feet have mild cavus but the heel position was more varus in the left side. The right foot had mild pain in the plantar fascial sub-calcaneal and the abductor quinti. The left foot plantar fascia was grade 1, sub-calcaneal was 1+, and the abductor quinti was almost grade 2. There was pain and swelling in the area of the peroneal from the tip of the lateral malleolus to the inferior peroneal retinaculum.

The treatment plan includes peroneal tendon repair, reconstruction of retro fibular sulcus and repair of superior peroneal retinaculum of the left foot under general anesthesia, pre-operative medical clearance, and post-operative physical therapy-2 times a week for 6 weeks, semi-rigid orthotics, and Mobi leg crutches. Treatment requested is for Ambien 10mg #21, OxyContin 10mg #24, and Vistaril 50mg #40.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vistaril 50mg #40:** 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 06/15/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety medications in chronic pain and Other Medical Treatment Guidelines <http://www.drugs.com/pro/vistaril.html>.

**Decision rationale:** Regarding the request for Vistaril, CA MTUS does not address the issue. ODG notes that it is utilized in treating anxiety, and FDA indications include: For symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested; Useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus; As a sedative when used as premedication and following general anesthesia. Within the documentation available for review, none of these indications are clearly identified and no rationale for the use of the medication has been presented. In light of the above issues, the currently requested Vistaril is not medically necessary.

**Ambien 10mg #21:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (updated 04/30/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what

behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

**Oxycontin 10mg #24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 92, 76-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 48.

**Decision rationale:** Regarding the request for OxyContin, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, it is noted that the patient has a pending surgery. While a short course of pain medication is appropriate after a surgical procedure, short-acting oxycodone was authorized and there is no clear rationale for the addition of a long-acting agent like OxyContin in the acute postoperative period. In light of the above issues, the currently requested OxyContin is not medically necessary.