

Case Number:	CM15-0219947		
Date Assigned:	11/13/2015	Date of Injury:	06/24/2013
Decision Date:	12/23/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey
 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 55 year old female who sustained an industrial injury on 06-24-2013. According to a progress report dated 10-21-2015, the injured worker was waiting for scheduling for a left total knee arthroplasty. She needed refills of her medications. The provider noted that preoperative medications would also be given to make sure she had medications for after surgery. Medications included Hydroxyzine. She had continued discomfort with walking, standing and sitting. Examination of the left knee showed diffuse tenderness in the medial and lateral aspect of the left knee. There was crepitus with range of motion. Range of motion was 0 to approximately 100 degrees. Examination of the right knee demonstrated well-healed anterior incision with some keloid around the incision. There was no gross ligamentous instability. Assessment included left knee osteoarthritis. The treatment plan included left total knee arthroplasty, post-op physical therapy and postoperative aspirin for 30 days. Prescriptions were given for Hydroxyzine, Norco and Colace. Documentation submitted for review showed use of Hydroxyzine dating back to 2014. An authorization request dated 10-21-2015 was submitted for review. The requested services included Hydroxyzine 10 mg #90, Norco 10-325 mg #100 and Colace 100 mg #60. On 11-03-2015, Utilization Review non-certified the request for Hydroxyzine 10 mg #90 and Colace 100 mg #60. The request for Norco was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, hydroxyzine: (<http://reference.medscape.com/drug/atarax-vistaril-hydroxyzine-343395>).

Decision rationale: The MTUS Guidelines do not address hydroxyzine. Hydroxyzine is an anti-histamine which is approved to treat anxiety or pruritus. In the case of this worker, it was suggested although not confirmed in the notes that this medication was used for pruritus. The notes did not reveal how often this medication was used and how its use is connected to her injury in 2013. There was also no follow-up report on how effective it was at reducing symptoms. As this medication does not appear to be connected in any obvious way, there being no clear benefit, and as there are less expensive alternative anti-histamines available with less side effects, this request for hydroxyzine is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000099/>, Drugs.com, Official Disability Guidelines (ODG)-Pain-Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment and Other Medical Treatment Guidelines Medscape: Colace: (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there was no report of constipation, although it is reasonable to consider using this medication to prevent it while using an opioid, which this worker had been. However, there was no clear report found in the notes regarding how effective it was or what first-line methods for constipation were being used, which would be both required in order to justify the long-term continuation of this medication. Therefore, this request for Colace is not medically necessary.