MAXIMUS Federal Services

Case Number:	CM15-0236779		
Date Assigned:	12/14/2015	Date of Injury:	05/16/2011
Decision Date:	01/20/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/03/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female who sustained an industrial injury on 5-16-11. A review of the medical records indicates she is undergoing treatment for status post left seroma excision and sural neurectomy with silicone capping of the nerve, regression of her pain and has a nodule present that represents probable displacement of the silicone cap over the nerve after aggressive scar management therapy, neuralgia and neuritis, post-traumatic seroma, abnormality of gait, and deformity of the ankle and foot - acquired. Medical records (6-2-15, 6-23-15, 7-14-15, 9-29-15) indicate ongoing complaints of left ankle pain on the outside of the ankle. The records indicate "neuritic pain" that is noted to be "getting worse" (9-29-15). She reports that she "feels like there is more swelling" and has "a lot of burning, zinging pain" over a "nodule" that has developed. The nodule is noted to be "new". The physical exam (9-29-15) reveals "moderate" edema of the left lateral leg. A nodule is noted to be "approximately 1.5 centimeters in diameter". The provider indicates that it is "more prominent when her foot is dorsiflexed" and "does not appear to move with the motion of the ankle". Tenderness to palpation and decreased sensation is noted over the area. Ankle dorsiflexion is noted to be "0 degrees" and plantar flexion is noted to be "approximately 35 degrees". Decreased strength of the ankle is noted. Her gait is noted to be "abnormal", indicating that she has "slower cadence than she normally would". She is also noted to have "difficulty with toe off and loser her balance on turns". Treatment has included physical therapy, use of a compression sock and ankle brace, and medications. Her medications include Lidoderm patches, Percocet, Diclofenac, Amitriptyline, Lyrica, and Hydroxyzine (since 10-31-14). The provider indicates that the Hydroxyzine is to be taken with narcotics "to potentiate (turbo boost) the pain medication". The provider indicates she "can only do sedentary work". The utilization review (11-4-15) includes a request for authorization of Hydroxyzine 50mg #120 with 1 refill. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Hydroxyzine is a first generation antihistamine, which is used primarily for the relief of anxiety and tension. According to the CA MTUS Chronic Pain Medical Treatment Guidelines section on stress related conditions, anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. If medication is requested or is needed for a longer time, physicians may consider psychiatric disorders and appropriate referral. In this case the submitted documentation indicates that the injured worker has been taking the requested medication since at least 10/31/14. The indication for prescribing the requested drug, to potentiate the analgesics, is not recommended by the guidelines. In addition, long-term use of this medication is not recommended. Furthermore, the patient does not have the diagnosis of anxiety disorder documented. Therefore, the request is not medically necessary.