MAXIMUS Federal Services

Case Number:	CM13-0022299		
Date Assigned:	11/13/2013	Date of Injury:	02/18/2011
Decision Date:	02/04/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 has filed a claim for right hip, right lower extremity, and shoulder pain reportedly associated with an industrial injury of February 18, 2011. The applicant has alleged derivative psychological stress. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; total hip arthroplasty; unspecified amounts of physical therapy; x-rays of the injured knee of August 1, 2013, read as negative for any acute abnormalities; x-rays of the injured foot of August 1, 2013, read as negative for any acute abnormalities; x-rays of the injured finger of August 1, 2013, again read as negative for acute fracture; x-rays of the injured ankle of August 1, 2013, read as negative for any acute fracture and notable for osteoporosis; multiple x-rays of the injured hip, notable for indwelling total hip arthroplasty; home health services; unspecified amounts of physical therapy over the life of the claim; topical agents; and extensive periods of time off of work. An earlier handwritten note of June 18, 2013, is difficult to follow, notable for persistent complaints of hip, ankle, shoulder, and foot pain with associated stress, depression, and fatigue. The applicant's pain is up to 10/10. The applicant is status post a right total hip arthroplasty. She exhibits an antalgic gait. She is asked to pursue additional physical therapy, obtain reevaluation for her shoulder, and remain off of work, on total temporary disability, for an additional one year, until June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hip and leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: While Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatments for myalgias and/or myositis of various body parts, in this case, however, it is not clearly stated how much prior therapy the applicant has had over the life of the claim. The applicant's response to previous treatment is unknown. No clear goals or clear directives for further physical therapy have been set forth by the attending provider. As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, the value of physical therapy increases with a clear description of treatment goals, treatment directives, and/or a description of the specific diagnosis causing an applicant's statements. In this case, however, none of the aforementioned criteria were met. Therefore, the request is not certified.

Hydrocodone10/325mg #200 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria have not been met. The applicant has not returned to work. There is no clear evidence that the applicant has reported reduction in pain scores or improved performance of activities of daily living as a result of ongoing Norco usage. Therefore, the request is not certified.

Tramadol 50mg #240 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria have not been met. The applicant has not returned to work. There is no evidence of reduction in pain score or improved performance of

nonwork activities of daily living effected as a result of prior tramadol usage. Therefore, the request is not certified.

Lorazepam 1mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS guidelines state that benzodiazepines, like lorazepam, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Due to this, the request for continued lorazepam is not medically necessary.

Pantoprazole 40mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, Proton-pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no clear evidence or mention of issues with dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not certified.

Lidoderm #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidoderm is indicated in the treatment of neuropathic pain in those individuals in whom there has been an unsuccessful trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that an unsuccessful trail of antidepressants and/or anticonvulsants was attempted here before lidoderm was sought. Again, the documentation on file is sparse, handwritten, and not entirely legible. Therefore, the request is not certified.

Docusate sodium 250mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on Page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in those applicants in whom opioid therapy has been initiated. In this case, opioid therapy has been initiated. The applicant is described as using several opioids, including tramadol and Norco. Employing Colace, a stool softener, alongside the same is indicated and appropriate. Therefore, the request is certified.