MAXIMUS Federal Services

Case Number:	CM14-0018080		
Date Assigned:	04/16/2014	Date of Injury:	11/01/2000
Decision Date:	06/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 61-year-old female who sustained an injury on 11/1/2000. The patient complains of low back pain with radiation into both legs, the right is worse than the left and the pain radiates to the bottom of her right foot. She also complains of excruciating right groin pain and severe pain in her right knee. She was started on kava kava initially for her shoulder but she states it helps her neuropathic pain. The patient's pain is 5-6/10 with medication and 10/10 without medication. Her average pain is 7-8/10. She is on long-term high-dose opioid therapy; she also takes trazodone, Flexeril, Flector patches, and Prilosec. At times, the patient complains of pain in the back and left flank radiating to the left groin and down the left leg. On 10/16/2013, the patient had an MRI arthrogram of her right hip. The scan revealed degenerative joint disease of the right hip with a small area of reactive marrow signal in the posterior superior femoral head which was thought to be early avascular necrosis. There was no collapse of the femoral head. The patient had an orthopedic consultation on 10/21/2013. The treating physician conclusion was that the degenerative joint disease and avascular necrosis findings were minimal at the present time and did not warrant a total hip. Additionally, the treating physician also felt that there was a high probability of the patient having continuing symptoms even after surgery. The pain management provider felt the patient needed to have a total hip replacement prior to weaning her off her narcotics despite the orthopedic consultation and he wishes to have a second orthopedic consultation. In addition, he wishes the patient to be on weight loss supplements and have a nutrition consultation. He feels weight loss in this patient can decrease pain and medication requirements, increased physical function and enhance her ability to be a good surgical candidate for hip replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF KAVA KAVA #90: 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), MENTAL ILLNESS & STRESS (ACUTE & CHRONIC), KAVA EXTRACT (FOR ANXIETY).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelinesguidelines do not specifically mention kava. The Official Disability Guidelines (ODG) state that kava is an option in the treatment of anxiety. There is no mention that this medication is effective for neuropathic pain. According to the record, kava is being used to treat the patient's neuropathic pain since Lyrica made her dizzy. Therefore, since there is no evidence-based support for using kava to treat neuropathic pain, the medical necessity for this medication is not established. The request for Kava Kave #90 is not medically necessary and appropriate.

TWO (2) MONTHS OF WEIGHT LOSS SUPPLEMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GUIDELINES TITLE: PHARMACOLOGIC AND SURGICAL MANAGEMENT OF OBESITY IN PRIMARY CARE: A CLINICAL PRACTICE GUIDELINE FROM THE AMERICAN COLLEGE OF PHYSICIANS. SNOW V, BARRY P , FITTERMAN N, QASEEM A, WEISS K.. ANN INTERN MED 2005 APR 5; 142(7):525-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons.

Decision rationale: There were no direct references to weight loss supplements in MTUS or ODG. The American Academy of orthopedic surgeons and their guidelines for arthritis of the knee suggest that the patient maintains a BMI of 25 or less in order to help relieve symptoms. Chronic Pain Medical Treatment Guidelines pain interventions and treatments, state that the treating physician is required to exercise clinical judgment by tailoring medications and dosages to the individual taking into consideration the patient's specific variables such as comorbidities, other medications, and allergies. The physician shall be knowledgeable regarding prescribing information and adjust the dose to the individual patient. With regards to the use of supplements, there are a number of weight loss supplements available as prescription medication or over-the-counter. Some of these medications are addictive. In this case, there is no documentation in the medical record as to what supplements the provider is requesting. Without knowing the medication and its potential side effects and efficacy, it is impossible to determine whether it is medically necessary. The request for weight loss supplements for two months is not medically necessary and appropriate.

ONE SECOND OPINION ORTHOPEDIC CONSULTATION: 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) INDICATIONS FOR SURGERY- HIP ARTHROPLASTY: CRITERIA FOR HIP JOINT REPLACEMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127.

Decision rationale: According to the ACOEM guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex or when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The consultant will aid in the diagnosis, prognosis, and therapeutic management. The pain management provider did get an orthopedic consultation. In this case, after examination of the patient, the consultant's recommendation was that the patient's degenerative joint disease was not severe enough to warrant a total hip replacement. The pain management physician who was focusing on the patient's complaints of pain wanted her to have a total hip replacement despite the fact that the orthopedic consultant felt there was a high probability that the patient would continue to have symptoms after surgery. Therefore, the request for one second opinion orthopedic consultation is not medically necessary and appropriate.