

<b>Case Number:</b>	CM14-0171155		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family 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 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:

This 42 or 52-year old team leader (there are differing birth dates in the records) reported injuries to her neck, back, right shoulder, right arm, right wrist, right hand, left hip, left knee and left ankle due to repetitive grill scraping at work, date of injury 10/27/11. Significant past medical history includes marked obesity (BMI 40.3). The available records contain an orthopedic QME re-evaluation performed on 12/9/13. No hip exam is documented. Documented x-ray findings included a spur of the acetabular margin of the left hip. Diagnoses included L foot peroneal nerve entrapment, neck spasm and pain, left hip pain, left knee pain, and foot pain. Significantly, there was no diagnosis of hip arthritis. Recommended treatment included Lidoderm patches followed by physical therapy. Work status was temporarily totally disabled (TTD). The current primary treater, an orthopedist, saw the patient for the first time on 4/14/14. Documented exam findings were largely normal, except for decreased left hip range of motion. X-ray findings noted included diffuse degenerative changes of the cervical and LS spine, and severe osteoarthritis of the left hip. Diagnoses included musculoligamentous strains of the cervical and lumbar spine, severe left hip osteoarthritis, left knee pain radiating from the left hip and left ankle sprain. Plan included continued use of cane, authorization request for referral for total left hip replacement, and dispensed medications which included Anaprox, Protonix, Soma and Ultram. On a follow-up exam on 5/15/14, the primary treater noted that the patient's symptoms had not resolved. Exam findings included decreased range of motion of the neck, back and left hip. Diagnoses were unchanged. Plan included re-request for referral for total hip replacement, Norco 10/325 and Norflex (both dispensed), IM injection of 15 mg Toradol, and IM injections of 10 mg dexamethasone and 80 mg Depo-medrol. There are three subsequent documented visits with identical diagnoses, and re-requests for referral for total hip replacement. Increased neck, back and left hip pain was noted on the 8/7/14 visit. A fourth follow-up visit on 9/12/14 states

that the patient has increased pain of the low back and left hip. Diagnoses were unchanged. Treatment plan included re-request of referral for total hip replacement, "previously described" medications, and IM injections of Toradol 15 mg, Dexamethasone 10 mg and Depo-medrol 80 mg. The patient has remained at total disability status throughout the course of treatment. The request for referral to a specialist for total hip replacement was modified in UR on 10/1/14 and a subspecialty consultation was certified, without certification of total hip replacement.

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

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

**Referral [REDACTED] consult/tx (R) hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The MTUS Guidelines are silent on the issue of total hip replacement. Official Disability Guidelines (ODG), hip chapter, hip arthroplasty

**Decision rationale:** The ODG guideline cited above states that hip arthroplasty is recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria for hip joint replacement include: 1) Conservative Care: Medications, or steroid injection PLUS 2) Subjective/Clinical findings of limited range of motion OR night-time joint pain OR no pain relief with conservative care PLUS 3) Over 50 years of age (younger OK in cases of shattered hip when reconstruction is not an option) AND Body Mass Index of less than 35 PLUS 4 (Osteoarthritis on standing x-ray OR arthroscopy).The documented clinical findings in this case do not support the performance of a total hip replacement in this patient. It is not clear that all reasonable conservative measures have been exhausted. There is no documentation that the patient actually received the physical therapy recommended by the AME on 12/8/13. There is no documentation of intra-articular steroid injection. It is unclear whether or not standing x-rays demonstrating osteoarthritis have been performed, since the interpretations differ in the clinical notes, and no report from a radiologist is available. It is unclear whether the patient is over or under 50 years old. Records contain birth dates of both 1972 and 1962. The patient's body mass index is at least 40.3 (it was based on the patient's stated estimated weight of 200 lbs, and height of 59 inches).Based on the ODG citation above and the medical records provided for my review, specialist referral for the express purpose of total hip replacement (the requesting physician's stated reason for the referral) is not medically necessary because the criteria for total hip replacement are not met.

**Toradol/admin of x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including knee & hip), specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Specific NSAIDs, Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

UptoDate, an online evidence-based review service for clinicians (www.uptodate.com), Ketorolac (systemic): Drug information

**Decision rationale:** Toradol is brand-name ketorolac, which is an NSAID. Per the MTUS citation above, ketorolac is not indicated for minor or chronic painful conditions. Per the UptoDate reference, there is a boxed warning for risk of gastrointestinal irritation, inflammation, ulceration, bleeding and perforation with use of ketorolac. Ketorolac is contraindicated in patients concurrently using NSAIDs, and should be used with caution in patients also on corticosteroids. The clinical findings in this case do not support the administration of ketorolac. This patient has chronic pain, and there was no documentation of an acute exacerbation that would have required additional pain control measures. As far as I can determine, the patient was still taking Anaprox (an NSAID) at the time the ketorolac was administered. (The primary provider did not specifically list what medications the patient was taking at the time of the visit, and stated that her medications were "previously described".) In any case, the ketorolac was administered at the same time as two intramuscular corticosteroids (Depo-medrol and dexamethasone). This combination alone places the patient at increased risk for gastrointestinal complications including bleeding. According to the evidence-based references cited above and the clinical documentation provided to me, administration of Toradol was not medically necessary because it is not indicated for chronic pain, and because it is contraindicated on patients taking other NSAIDs and relatively contraindicated in patients receiving corticosteroids.