

Case Number:	CM14-0074423		
Date Assigned:	07/16/2014	Date of Injury:	08/03/2013
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 55-year-old male sustained an industrial injury on 8/3/13. The mechanism of injury was not documented. The patient was under care for a diagnosis of hip degenerative joint disease and lumbar sprain/strain. He underwent revision right total hip replacement on 11/19/13. Records indicate that the patient completed 29 post-op physical therapy visits with 20% improvement documented. The 4/24/14 progress report cited right hip pain radiating down the leg described as shooting, deep, and throbbing. Physical exam findings documented slow and uneven gait with a single point cane, limited range of motion, and decreased strength. Hypersensitivity to touch with allodynia was noted extending from the right hip into the mid-thigh suggestive of neuropathic pain. Delayed recovery was documented. The treatment plan recommended cognitive behavioral therapy evaluation and 4 sessions, physical therapy x 6 for the right hip, and Norco 10/325 mg #120. The 5/8/14 utilization review modified the request for cognitive behavioral therapy to 3 sessions for a trial and the request for Norco 10/325 mg to #20 tablets to allow for weaning. The request for physical therapy was denied as the general course of post-operative treatment had been provided and transition to home exercise expected. Records suggested that Norco was used and prescribed in limited amounts in February and March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) evaluation + 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Behavioral interventions.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends psychological treatment for appropriately identified patients during treatment for chronic pain. The ODG cognitive behavior therapy (CBT) guidelines are referenced in the MTUS. The Official Disability Guidelines provide specific recommendations relative to cognitive behavior therapy. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach. A separate psychotherapy CBT referral may be considered after 4 weeks if there is lack of progress from physical therapy alone. An initial CBT trial of 3 to 4 visits is recommended with a total of 6-10 visits supported with evidence of objective functional improvement. Guideline criteria have not been met. Records do not identify risk factors for this patient to support the medical necessity of psychological treatment. The 5/8/14 utilization review modified the request for an evaluation and 4 sessions to 3 sessions which is consistent with an initial trial. There is no compelling reason to support the medical necessity of additional care. Therefore, this request for cognitive behavioral therapy (CBT) evaluation and 4 sessions is not medically necessary.

Physical therapy x 6 for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There was no specific documentation of limited function or strength, or a specific functional treatment goal to support the medical necessity of additional physical therapy. The patient had completed the recommended general course of post-op therapy with limited improvement documented. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request for physical therapy x 6 for the right hip is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 81,83, 90 and 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80,91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use. There is no documentation of on-going opioid therapy management. Records suggest the patient has been using this medication on a limited basis. There is no evidence that this medication has been beneficial in improving function. The 5/8/14 utilization review modified the request for Norco 10/325 mg #120 to #20 tablets consistent with prior prescriptions and to allow for weaning if needed. There is no compelling reason to support additional medication in the absence of documented functional improvement. Therefore, this request for Norco 10/325mg, #120 is not medically necessary.