

Case Number:	CM14-0171580		
Date Assigned:	10/23/2014	Date of Injury:	07/31/2013
Decision Date:	04/06/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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: New York

Certification(s)/Specialty: Internal Medicine

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 26 year old male, who sustained an industrial injury on 07/31/2013. On provider visit dated 10/07/2014, he complained of low back pain, moderated left hip pain, gait was noted to be antalgic. The diagnoses have included lumbar sprain/strain with levoscoliosis: physiologic, lumbar degenerative disc disease at L5-S1, lumbar herniated nucleus pulposus at L5-S1, left hip contusion, left hip old deformity, short left lower leg in standing, anxiety, insomnia, left knee a sprain/strain. On 09/29/2014 Utilization Review non-certified urinalysis toxicology, physical therapy 2 week x 6 week, consultation for possible total hip replacement, Norflex 100mg #60, Tramadol 150mg #30, Xanax 1mg #60 and Naproxen 550mg#60. The MTUS, Chronic Pain Medical Treatment Guidelines, ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/A Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. The documentation reveals that the injured worker has had no significant improvement in function and there is no report to support that he is at risk of dependent or addiction behavior. There is no definitive explanation documented to justify the necessity for urine toxicology screen. The request for U/A Toxicology is not medically necessary.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy Chapter.

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. The injured worker complains of low back and left hip pain. Documentation references previously prescribed Physical Therapy that provided some improvement in pain, but no significant improvement in function has been gained. There is no detail provided with regards to the number of sessions attended. Given that the injured worker has reported no improvement in physical function with an initial course of physical therapy, medical necessity for additional physical therapy has not been established. Per guidelines, the request for Physical Therapy is not medically necessary.

Consultation for possible total hip replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonspecific. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Replacement.

Decision rationale: MTUS and OD guidelines recommend hip replacement when all reasonable conservative measures have been exhausted and other reasonable surgical options have been considered or implemented. Criteria for hip joint replacement include previous conservative treatment modalities (such as supervised PT and/or home rehab exercises and medications), subjective clinical findings of limited range of motion, night-time joint pain or pain refractory to conservative care, and objective clinical findings including age over 50 years. Younger patients may be considered in cases of shattered hip when reconstruction is not an option and Body Mass Index is less than 35, in addition to X-ray findings of Osteoarthritis. The injured worker is diagnosed with left hip contusion, left hip old femoral head deformity. Although the injured has chronic left hip pain and has had no significant improvement in function with conservative treatment, there is no documentation that other prior surgical options, including arthroscopy, have been considered. The request for Consultation for possible total hip replacement is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation ODG, Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's functional status to justify continued use Norflex. The request for Norflex 100mg #60 is not medically necessary per MTUS guidelines.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complaints of low back and left hip pain, which is chronic. With MTUS guidelines not being met, the request for Tramadol 150mg #30 is not medically necessary.

Xanax 1mg #60: Upheld

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

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

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker is diagnosed with Anxiety, which is ongoing. The request for Xanax 1mg #60 is not medically necessary by MTUS guidelines.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation or significant improvement in function. With MTUS guidelines not being met, the request for Naproxen 550mg #60 is not medically necessary.