

<b>Case Number:</b>	CM15-0003997		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male, who sustained a work/ industrial injury as a window installer on 2/15/06 while carrying a window, he slipped and did the split and had pain in the groin and buttock. Symptoms included low back (due to degenerative disc disease), neuropathic pain, chronic right hip pain (s/p hip replacement), and left buttock pain. Past medical history included diabetes mellitus and prior right hip replacement. Diagnostics included a Magnetic Resonance Imaging (MRI) that noted right psoas, piriformis, and obturator internus muscles, which are smaller than their counterparts on the left. A bone scan with vascular imaging revealed findings present in the right hip region which are abnormal for prosthesis placed with a right rib abnormality suggesting trauma at that location. Treatments included psychiatric care for depression and anxiety, aquatics, and medications. Plan was to reorder Butrans 20 mcg and Norco 7.5/325, mg and right hip replacement surgery due to chronic hip pain. On 12/31/14, Utilization Review modified Butrans 20 mcg #4 to Butrans 20 mcg #2; Modified Norco 7.5/325 mg #150 to Norco 7.5/325 mg #88 and non certified (denied) Right Hip Replacement surgery (1). citing the Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg QTY: 4.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Pain, Topic: Butrans

**Decision rationale:** Per ODG guidelines Buprenorphine is recommended for selected patients for treatment of opioid dependence. It is an alternative to methadone. It is used for weaning of opioids to extinguish withdrawal and provide narcotic blockade. As such, the request for Butrans 20mcg #4 is appropriate and medically necessary.

**Norco 7.5/325 Mg QTY: 150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning Page(s): 78, 80, 82, 83, 124..

**Decision rationale:** The request for Norco 7.5 mg/325 #150 was modified by utilization review to #88 for weaning. Opioids are not recommended as first line therapy for neuropathic pain. Opioids are also not recommended as first line therapy for osteoarthritis. The guidelines require 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted does not include monitoring. As such, chronic use of opioids is not recommended and the weaning program suggested by utilization review is appropriate. The request for Norco 7.5 mg/325 #150 is therefore not supported by guidelines and the medical necessity is not established.

**Right Hip Replacement Surgery:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Hip and Pelvis, Topic: Revision Total hip arthroplasty

**Decision rationale:** An orthopedic reevaluation of 12/17/2013 documents the initial injury of 2/15/2006 which involved a slip and fall with forced abduction to the right lower extremity. The sequela of that injury was development of an iliopsoas abscess which progressed to involve overall sepsis, pneumonia, and septic arthritis of the right hip. This led to a staged total hip replacement including resection, clean out of the hip joint and a total hip replacement on 10/20/2006. Following the total hip replacement the injured worker continued to present with

complaints of pain and dysfunction relative to the right hip. A revision total hip arthroplasty was considered. There was concern for continuing infection. He underwent appropriate diagnostic testing including a nuclear medicine imaging scan on 5/15/2013 which was a labeled white blood cell scan that was negative for right hip infection. Aspiration of the right hip was performed on 5/20/2013 and was also negative and no fluid was obtained. An earlier bone scan of 3/28/11 with vascular imaging revealed findings in the right hip region abnormal for a prosthesis placed 5 years ago. Loosening was favored over infection due to the generalized changes. Per April 30, 2014 notes from Sacramento orthopedic Center the injured worker was having pain in the right groin and intermittent locking of the hip. He had a feeling of a calcium piece occasionally getting caught in the hip joint. His pain was in the groin and anterior thigh. Sedimentation rate and C-reactive protein were normal and liver function and blood tests were normal and injection of lidocaine into his right hip was suggested. A request for a revision total hip arthroplasty was non-certified by utilization review as there was no updated information and no recent orthopedic consultation. In particular, there were no recent laboratory studies ruling out a chronic infection. The psychology evaluation of 10/20/2014 indicates findings of a psychological test used to identify factors known to place a patient at risk of poor outcome from surgery. The injured worker's results suggested that his current level of depression, lack of social support, catastrophizing future outcomes, no motivation for self-care and poor adjustment to pain are marked risk factors for poor outcome. During the evaluation, the injured worker also expressed his hesitancy about undergoing a surgery that 2 orthopedic surgeons had informed him might not work and in fact might make his situation worse. Consequently the injured worker was not an appropriate candidate for an elective invasive surgery. No recent detailed hip examination or imaging studies are submitted. ODG guidelines for a revision total hip arthroplasty include a failed hip replacement. The most common reason for revision after a total hip arthroplasty is loosening of prosthetic parts. The other reasons include infection, dislocation, and fracture. The documentation submitted does not include recent imaging studies and as such, definite evidence of loosening is not submitted. Recent laboratory studies to determine if there is a low-grade infection are also not submitted. The psychological evaluation of 10/20/2014 suggested that the injured worker was not an appropriate candidate for elective invasive surgery. Based upon the above, the request for revision total hip arthroplasty is not supported and as such, the medical necessity is not substantiated.