

Case Number:	CM15-0006936		
Date Assigned:	01/22/2015	Date of Injury:	03/02/2012
Decision Date:	04/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 63-year-old male who reported an injury on 03/02/2012 and was diagnosed with lumbosacral neuritis non-specified, and joint derangement not otherwise specified, as well as a sprain of the knee and leg. As of 04/18/2013, the injured worker was identified with a stage 2 or 3 femoral avascular necrosis and insufficiency fractures of the superolateral aspect of the femoral head. He was seen in 11/2014 for a follow-up for continued severe pain at the left hip and left knee pain. The injured worker ambulated with a cane and had an antalgic gait and had noted tenderness to the lumbar spine, left hip, paravertebrals and left knee. The injured worker had been utilizing Norco 10/325 mg, ibuprofen and compounded cream for pain relief. However, he continuously rated his pain level as a 9/10. There was reference to the injured worker having undergone x-rays to the left hip in 02/2013, which were unremarkable in the series. However, an MRI was also performed the same month, which identified the head of his left femur consistent with avascular necrosis of the femur with spontaneous necrosis of stage 2 to stage 3 related.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left hip surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis and Hip Chapter, Surgical Management.

Decision rationale: Without having the official imaging studies provided for review, the Official Disability Guidelines have indicated that surgery cannot be warranted without clear documentation of a surgical necessity for repair of the left hip. The injured worker only had reference to a previous set of x-rays and an MRI performed in 02/2013 with no official copies of those studies provided for review. Additionally, there were no current imaging studies to give an update of the injured worker's pathology at this time to support the surgery. As such, the request is not medically necessary.

Urine 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 Page(s): 74-96.

Decision rationale: The California MTUS Guidelines indicate that when a patient is utilizing opioids, routine or random urine drug screens may be warranted to monitor for compliance with medication use. The injured worker had undergone a recent urine drug screen in 12/2014. However, the treating physician has failed to specify the date for the urine toxicology to be performed and with no rationale for the injured worker to undergo the urine toxicology. Therefore, the request cannot be supported at this time and is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines for ongoing use of opioids, a treating physician must refer to the "4 A's" to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In the case of this injured worker, there was no current documentation indicating that the prior use of this medication had been effective in reducing his symptoms and improving his overall functional ability. Furthermore, the treating physician had failed to indicate the total number of tablets to be dispensed to the injured worker at this time. Therefore, the request cannot be supported and is not medically necessary.

Ibuprofen 800mg: 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 Page(s): 67-73.

Decision rationale: According to the California MTUS Guidelines, there must be ongoing documentation of a patient's blood pressure to indicate that there have been no adverse side effects for the use of continual NSAIDs. Additionally, the treating physician has failed to indicate the total number of tablets to be dispensed to the injured worker. Lastly, without having any reference to the injured worker having sufficient response to the prior use of ibuprofen, the ongoing use cannot be supported and is not medically necessary.

Menthoderm cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Under the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In the case of this injured worker, there was no reference to sufficient response from prior use of the topical analgesic. Additionally, the physician has failed to state whether or not this medication has been sufficient in reducing the injured worker's symptoms and improving their overall functional ability. There was also no statement for frequency and duration of use of the cream to warrant ongoing or continual use. Therefore, the request is not medically necessary.