

<b>Case Number:</b>	CM15-0148550		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old male who sustained an industrial injury on 12-22-2013. Mechanism of injury occurred when he was stacking bags into the belly of the airplane when a bag struck him in the left hip causing pain. Diagnoses include left hip avulsion fracture of the greater trochanter, left hip greater trochanteric bursitis, and right hip pain secondary to compensatory factors. Treatment to date has included diagnostic studies, medications, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. He is not working. The most recent physician progress note dated 01-05-2015 documents the injured worker complains of persistent left hip pain that radiated to his left thigh that he rates as a 7 out of 10 on the pain scale. He takes Norco and Xanax and they decrease his pain, from 7 out of 10 to 4-5 out of 10. Xanax helps with his anxiety and allow him to sleep. He has been on Xanax since at least 01/18/2015. On examination there is tenderness to palpation over the greater trochanteric bursa. There is limited range of motion due to pain. He ambulates with an antalgic gait. Treatment requested is for physical therapy with ultrasound to the left hip 2 times a week for 4 weeks, Urine toxicology screen, and Xanax 0.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #90:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient was prescribed Xanax in the past and there is no justification to continue the medication. There is no recent documentation of insomnia related to pain in this case. Therefore the use of Xanax 0.5mg #90 is not medically necessary.

**Physical therapy with ultrasound to the left hip 2 times a week for 4 weeks:** 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.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical therapy with ultrasound to the left hip 2 times a week for 4 weeks is not medically necessary.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.