

Case Number:	CM15-0222733		
Date Assigned:	11/18/2015	Date of Injury:	01/20/2015
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/12/2015

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old male who sustained an industrial injury on 1/20/15. Injury occurred when he was placing pipes for an irrigation system and tripped and fell backwards striking his low back and buttocks against the corner of the backhoe. The 3/13/15 left hip MRI impression documented a contusion at the anterior aspect of the left femoral head with slight cortical offset, concerning of an impaction fracture. There was a tear of the left hip labrum at its anterior superior aspect. There was moderate left hip osteoarthritis, and mild sacroiliac joint osteoarthritis. Conservative treatment had included medications, physical therapy, chiropractic treatment, and home exercise program. The 8/18/15 orthopedic report cited left hip pain with a popping noise when he walked. Pain waxed and waned but was reported as worsening and severe. He used a cane to ambulate out of the house. He had gained a lot of weight and felt depressed. He was taking an occasional Aleve and had been given a prescription for Oxycontin but did not like to use this as he had a history of drug addiction in the past. Current body mass index was reported as 41.6. Physical exam documented poor hip flexibility and groin pain. Left hip motion was guarded and significantly limited by pain. Strength and lower extremity neurovascular exam were normal. X-rays showed severe osteoarthritis of the left hip and mild right hip osteoarthritis. There were osteophytes, subchondral sclerosis, subchondral cysts, and full thickness cartilage loss. He was anxious to proceed with left hip surgery but there was expressed concern about the risks associated with his weight. Cardiac clearance would be required given his elevated body mass index and diabetes. The 10/8/15 treating physician report cited follow-up relative to injuries to his left arm, cervical spine, thoracic spine, lumbar spine,

and left upper leg. He was currently prescribed tizanidine and tramadol. The tramadol caused a dermatomal eruption and he was getting pruritus. The medication was not sufficient in covering his pain. He also reported that the tizanidine was not effective in alleviating the severity of his pain and discomfort. The injured worker requested a change in medication in order to tolerate his home exercise program which he was performing daily as instructed by the physical therapist. He was attempting significant weight loss and required medication to tolerate his home stretching, strengthening and conditioning exercise. Height was 5'5" and weight was 259 pound (body mass index 43.1). Physical exam was deferred today. The diagnosis included left hip pain with labrum tear and moderate osteoarthritis. The treatment plan prescribed Norco 5/325 mg #45 one to two tablets as needed daily for breakthrough pain. Left hip arthroplasty was pending but the injured worker had been instructed that he must decrease his body mass index substantially and have complete control of his diabetes prior to undergoing that procedure. Given his diabetes and morbid obesity, a nutritionist consultation was indicated. Authorization was requested for left hip surgery, a nutritionist consultation and treatment regarding diabetes and obesity, and Norco 5/325 mg #45. The 11/10/15 utilization review non-certified request for left hip surgery as total hip arthroplasty was not supported for patients when their body mass index exceeded 35. The request for nutritionist consultation and treatment regarding diabetes and obesity was modified to one nutritionist consultation regarding diabetes and obesity. Treatment could not be certified until the consult was completed. The request for Norco 5/325 mg #45 was non-certified as the injured worker had tried multiple opioids (Percocet, OxyContin, and Tramadol) none of which were reported as helpful in reducing pain or increasing function so switching to yet another opioid medication was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Procedure of the Left Hip: Upheld

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

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

Decision rationale: The California MTUS guidelines do not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been fully met. This injured worker presents with worsening and severe left hip pain. Clinical exam findings are consistent with imaging evidence of severe left hip osteoarthritis. Conservative treatment has included physical therapy, home exercise program,

medications, and activity modification. The injured worker's current body mass index is 43.1 which exceeds guideline criteria. Additionally, his diabetes is reportedly not under control and a cardiac clearance has been requested. A nutritional consult and additional weight loss has been recommended. Therefore, this request is not medically necessary at this time.

1 Nutritionist Consultation and treatment regarding diabetes and obesity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This injured worker presents with worsening and severe left hip pain. Clinical exam findings are consistent with imaging evidence of severe left hip osteoarthritis. Surgery is pending additional weight loss and better diabetic control. Records suggest that the injured worker has failed independent attempts at weight loss as evidenced by an increased body mass index over the past 2 months. The 11/10/15 utilization review modified this request and approved a nutritionist consultation regarding diabetes and obesity. Additional treatment would be considered following the consult and development of the treatment plan. There is no compelling rationale to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.

1 prescription of Norco 5/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if

there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have been met. This injured worker presents with worsening and severe left hip pain. Clinical exam findings are consistent with imaging evidence of severe left hip osteoarthritis. Surgery is pending additional weight loss and better diabetic control. Exercise is a key ingredient to both of these pre-operative goals. Exercise is currently limited by pain. The injured worker reported current medications were not controlling symptoms to allow for functional activity. The addition of a limited prescription of Norco for a trial of breakthrough pain management seems reasonable to assess functional benefit. Therefore, this request is medically necessary.