

Case Number:	CM15-0179537		
Date Assigned:	09/21/2015	Date of Injury:	01/27/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on January 27, 2014. He reported a fall in which he struck his head and left shoulder, landing on his buttocks. The injured worker was currently diagnosed as having hip tendinitis, hip-pelvis arthritis, status post right total hip arthroplasty-June 2014, left rotator cuff tear, degenerative joint disease of left hip, chronic lumbar spine sprain and strain, lumbar spine spinal stenosis, depression and status post left hip replacement-July 2015. Treatment to date has included diagnostic studies, psychiatric evaluation and care, surgery and medication. On July 10, 2015, exam notes stated that the injured worker was taking Percocet and Ibuprofen medications. Prior to the beginning of this medication regimen, he reported sleeping 2.5 hours per night. Since beginning this medication, he reported sleeping 2.5 hours per night. On August 14, 2015, the injured worker complained of bilateral shoulder pain, lower back pain and bilateral hip pain. His hip pain was described as sharp and stabbing. The injured worker also complained of numbness and tingling in the bilateral lower extremities described as throbbing. He rated his right hip pain as an 8-9 on a 0-10 pain scale. He stated that his pain is "reduced" with rest, activity modification and heat. He also reported difficulty falling asleep due to pain, waking during the night due to pain and decreased muscle mass and strength. Physical examination of the right hip revealed tenderness on palpation. Right hip and thigh range of motion included flexion 80 degrees, extension 0 degrees, abduction 20 degrees and exterior rotation 15 degrees. On the day of exam, his current medications included Percocet, Ibuprofen, Ambien, Oxycodone, Acetamin, Zolpidem Tatrata, Pantoprazole, Hydrochlorothiazide, Zetia and Simvastatin. He stated that his medications were

"helpful." The treatment plan included laboratory testing, physical therapy consultation two times per week for six weeks for the right hip, medications and a follow-up visit. On August 26, 2015, utilization review denied a request for physical therapy two times a week for six weeks for the right hip and Ambien 10mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks, right hip: Upheld

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): Physical Medicine.

Decision rationale: This individual's surgery on the right hip was 1.5 years previously which would exclude the MTUS Post Operative Guidelines. The MTUS Chronic Pain Guidelines would apply and these Guidelines recommend that up to 10 sessions of hands on therapy is adequate for chronic musculoskeletal conditions. There is an expectation that this amount of therapy should result in a matured independent rehabilitation program. There is reported to be a history of prior physical therapy post operative and a few sessions to re-establish and appropriate program may be reasonable, but this request exceeds Guideline recommendations without adequate justification to support an exception. The request for Physical therapy, 2 times a week for 6 weeks, right hip is not supported by Guidelines and is not medically necessary.

Ambien 10mg 1 tablet at night #30, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Insomnia Treatment & Zolpidem.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the Guidelines support the use of hypnotics associated with pain related insomnia. However, the Guidelines do not support this particular hypnotic drug for long term use as the recommended nightly use is limited to 3 weeks. There are other Guideline supported hypnotic medications that are supported for long term use and there are not unusual circumstances why the Guideline recommendation should not be applied. The Ambien 10mg 1 tablet at night #30, 2 refills is not supported by Guidelines and is not medically necessary.