

Case Number:	CM13-0019526		
Date Assigned:	11/08/2013	Date of Injury:	03/11/2013
Decision Date:	07/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury to her right hip. The therapy note dated 05/22/14 indicates the injured worker having completed 9 physical therapy sessions to date. The operative note dated 03/26/14 indicates the injured worker having undergone a right hip arthroscopy with an anterior labral repair and an osteoplasty at the femoral neck and acetabulum. The clinical note dated 02/21/14 indicates the injured worker having undergone therapy as well as aquatic therapy. The injured worker did state that the pool therapy was helpful. The injured worker stated that she had difficulty with kneeling, bending, and squatting. The injured worker had returned to work with restrictions of no heavy lifting or repetitive bending. The clinical note dated 08/29/13 indicates the injured worker having undergone a urine drug screen. No inconsistent findings were identified. The MRI of the right hip dated 05/06/13 revealed findings consistent with mild gluteus medius tendonitis. Findings were also consistent with a labral tear on the right. The utilization review dated 08/15/13 resulted in a denial for the topical cream, Xanax, and Prilosec. There is an indication the injured worker had been approved for a right hip arthroscopy as previous studies had resulted in inadequate findings confirming a labral tear. No information had been submitted supporting the use of compounded medications. No information had been submitted confirming the need for Benzodiazepines. No information had been submitted regarding the continued use of proton pump inhibitors. The utilization review dated 02/27/14 resulted in a certification for a right hip arthroscopy given the labral repair and femoral neck and acetabular osteoplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

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 Chapter, Arthroscopy.

Decision rationale: The request for a right hip arthroscopy is recommended. According to the previous utilization reviews, the injured worker had previously been approved for a right hip arthroscopy for both diagnostic and therapeutic purposes. Additionally, the injured worker has been identified by imaging studies as having a labral tear on the right. Given these findings and taking into account the previous request having been certified, this request is reasonable and medically necessary.

Keto / Lido / Tramadol Topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Ketoprofen and Tramadol which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Xanax 1mg #30: 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: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Therefore, this request is not indicated.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.