

Case Number:	CM13-0040773		
Date Assigned:	12/20/2013	Date of Injury:	12/09/2002
Decision Date:	05/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 50 year old male who was injured on 12/09/2002. The patient was injured due to the nature of his job having to lift patients. The patient began to experience shooting pain in his hips. Prior treatment history has included physical therapy and pool therapy. The patient underwent bilateral hip injection under fluoroscopic guidance on 05/27/2003. Medications prescribed were Cosamin DS on 08/08/2003. Diagnostic studies reviewed include electrodiagnostic study dated 05/19/2003 reporting a normal study of the lower extremities. MRI scan of the left hip dated 08/25/2003 revealed abnormal study with findings consistent with avascular necrosis of left hip. MRI scan of the right hip dated 08/25/2003 revealed abnormal study with findings consistent with avascular necrosis of right hip. X-ray examination of the right hip and left hip dated 11/09/2005 reveals: Avascular necrosis on the right hip with marked sclerosis. There is no significant loss of joint space. Right hip joint space was 4 mm. On the left hip there were similar findings with avascular necrosis changes. There appears to be some minor fractures but joint space is well maintained. The left hip joint space was 5 mm. Orthopedic Consultation by [REDACTED] dated 01/12/2004 documents treatment options were discussed with the patient including a free vascularized femoral graft versus total hip arthroplasty. NOTE: There are no medical records provided beyond 11/09/2005. Progress note dated 11/09/2005 documented the patient to have complaints of an off and on pinching pain in the bilateral hips. He has muscle spasms, cramping, numbness, tingling, popping, cracking, grinding, weakness and giving way. The pain increases with prolonged standing and walking. Objective findings on examination of the hips revealed the patient had a slight antalgic component to the gait. Patient was only able to perform 50% of full squat. There was tenderness over the greater trochanter bilaterally. There was no allodynia. AROM of the hips revealed severely decreased range of motion in the right hip with normal flexion and extension bilaterally, external rotation bilaterally

40/40/40, internal rotation 5/5/5, abduction 20/20/20 right and adduction 10/10/10 on the right. Trendelenburg test was negative bilaterally. The knee and ankle jerks were present and equal bilaterally. Sensory examination via light touch did not reveal any areas of hypesthesia. Muscle strength revealed no gross weakness. No muscle atrophy was noted. The leg lengths were equal. Diagnosis: Bilateral hip avascular necrosis Treatment: The patient was prescribed Cosamin DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: NON-MTUS. (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the CA MTUS guidelines, Glucosamine (and Chondroitin Sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records document that he complained of bilateral hip pain associated with muscle spasm. On physical examination there was tenderness to palpation of greater trochanter bilaterally, and restriction Range of Motion (ROM). Diagnostic studies revealed OA of hip joints bilaterally. As there are no medical records provided beyond 11/9/2013, and there is no significant improvement on the prior medication, the request is not medically necessary according to the guidelines.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, Proton pump inhibitors (PPI's) are recommended in patients with intermediate risk of gastrointestinal events. The medical records document he had complained of bilateral hip pain associated with muscle spasm. On physical examination there was tenderness to palpation of greater trochanter bilaterally, and restriction Range of Motion (ROM). Diagnostic studies revealed OA of hip joints bilaterally. As there are no medical records provided beyond 11/9/2013, and there is no history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation, or any other risk factor that indicate the need for this medication, the request is not medically necessary according to the guidelines.

TRANSDERMAL CREAMS: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. The medical records document had complained bilateral hip pain associated with muscle spasm. On physical examination there was tenderness to palpation of greater trochanter bilaterally, and restriction ROM. Diagnostic studies revealed OA of hip joints bilaterally. As there are no medical records provided beyond 11/9/2013, and the request is not specifying which type of topical analgesic is needed, the request is not medically necessary according to the guidelines.