

Case Number:	CM13-0045388		
Date Assigned:	01/03/2014	Date of Injury:	12/24/2012
Decision Date:	03/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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 48-year-old female who reported an injury on 12/24/2012, secondary to a fall. The patient is currently diagnosed with pain in a joint of the pelvic region, myalgia and myositis, pain in a joint of the lower extremity, pain in a limb, pain in a joint of multiple sites and encounter for long-term use of other medication. The patient was seen by [REDACTED] on 10/17/2013. The patient reported persistent pain. Physical examination revealed tenderness to palpation, normal motor strength, normal deep tendon reflexes and intact sensation. Treatment recommendations included an MRI of the hip, a trial of 1 injection to the left knee and 1 injection to the right hip, a trial of trochanteric bursa injection, a supportive knee brace and prescriptions for Lansoprazole, Lidocaine, Relafen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for repeat MRI right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Hip & Pelvis and Knee & Leg Chapters, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for imaging include osseous, articular or soft tissue abnormality; osteonecrosis; occult, acute and stress fracture; acute and chronic soft tissue injuries and tumors. As per the documentation submitted, the patient's physical examination on the requesting date of 10/17/2013 only revealed tenderness to palpation. There was no documentation of significant soft tissue abnormality or an acute soft tissue injury. The medical necessity for the requested repeat procedure has not been established. As such, the request is non-certified.

The request for trial injection x 1 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 337.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology (ACR) Criteria.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that invasive techniques, such as needle aspiration of effusion or cortisone injections, are not routinely indicated. As per the documentation submitted, the patient's physical examination on the requesting date of 10/17/2013 did not reveal any significant abnormality of the left knee. It is stated by Dr. Shinaman on 10/17/2013 that the patient received partial relief following various types of injection therapy. However, there is no documentation of previous injections. Based on the clinical information received, the request is non-certified.

The request for trial injection x 1 right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology (ACR) Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Intra-articular steroid hip injection (IASHI).

Decision rationale: The Official Disability Guidelines state that intra-articular steroid hip injections are not recommended in early hip osteoarthritis, but are currently under study for moderately advanced or severe hip osteoarthritis. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis of the hip. There was also no documentation of a significant musculoskeletal or neurological deficit upon physical examination. Based on the clinical information received, the request is non-certified.

The request for trial of trochanteric bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology (ACR) Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Trochanteric bursitis injections.

Decision rationale: The Official Disability Guidelines state that trochanteric bursitis injections are recommended. For trochanteric pain, a corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. As per the documentation submitted, there is no evidence of trochanteric pain upon physical examination. There was no evidence of a significant musculoskeletal or neurological deficit. Based on the clinical information received, the request is non-certified.

The request for Lansoprazole Dr 30mg, 1 po 1 am #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Based on the clinical information received, the patient does not meet the criteria for the requested medication. As such, the request is non-certified.

The request for Lidocaine 5% ointment apply tid #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California MTUS Guidelines state that Lidocaine is indicated f.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that Lidocaine is indicated for neuropathic pain and localized peripheral pain after a trial of first-line therapy. No other commercially-approved topical formulation of Lidocaine, whether cream, lotion or gel, is indicated for neuropathic pain. As per the documentation submitted, there is no evidence of neuropathic pain or localized peripheral pain upon physical examination. There was also no evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or anticonvulsants.

As guidelines do not recommend topical Lidocaine in the formulation of an ointment, the current request is not medically appropriate. As such, the request is non-certified.

The request for Relafen 500mg tab 1 po bid prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient has continuously utilized an NSAID medication. Despite ongoing use, the patient continues to report persistent pain. The California MTUS Guidelines further state that there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.