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| Case Number: | CM14-0010755 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 05/25/2012 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Surgeon 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 51 year old female who sustained an injury on 05/25/12 when a heavy object struck the injured worker in the right shoulder knocking her to the ground. The injured worker has been followed for complaints of right shoulder and low back pain. Prior treatment has included the use of antiinflammatories as well as physical therapy. The injured worker did have a right shoulder rotator cuff repair performed in July of 2012. The injured worker was referred to postoperative physical therapy. Physical therapy notes from January of 2013 did note some improvements in regards to right shoulder range of motion. The injured worker recently underwent an L4-5 and L5-S1 hemilaminotomy and decompression on 09/04/13. The injured worker did attend physical therapy postoperatively through November of 2013. The physical therapy reports were difficult to interpret due to poor handwriting and copy quality. The clinical report on 12/16/13 noted improved pain in the lower extremities with persistent pain in the right hip. The injured worker reported some relief with the use of antiinflammatories and Norco. At this visit, medications included Zofran, Valium, Norco, over the counter Aleve, and Ibuprofen. On physical examination, there was pain to palpation in the right trochanteric bursa. The injured worker did have an ultrasound evaluation of the right trochanteric bursa which showed no evidence of effusion other than physiological fluid. The injured worker did have a steroid injection performed at this visit to the right trochanteric bursa. Follow up on 12/30/13 reported some relief with the trochanteric bursal injection; however, pain quickly returned to baseline pain at 7-8/10. Physical examination remained unchanged in regards to the right trochanteric bursa. The injured worker was recommended to start a home exercise program. On 01/20/14, the injured worker continued to report difficulty with right sided leg pain. Pain scores remained unchanged at 7-8/10 on the Visual Analogue Scale (VAS). At this evaluation, the injured worker was requesting stronger medications than antiinflammatories. Norco was a listed medication at

10/325mg taken every 4-6 hours, 1-2 tablets. Physical examination remained unchanged. The injured worker was recommended for further physical therapy to stabilize the lumbar spine. The requested physical therapy sessions, quantity 18, Norco 10/325mg, Diazepam 5mg, and performed ultrasonographic exam assisted needle placement procedure of the right trochanteric bursa were all denied by utilization review on undetermined dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In regard to the request for physical therapy for eighteen sessions, the injured worker has persistent complaints of pain in the right lower extremity, primarily at the right trochanteric bursa. The injured worker was recommended to continue with a home exercise program for these symptoms. The clinical documentation did not provide any specific goals for further physical therapy. The injured worker's documented response to previous physical therapy was not fully documented in the clinical record. Therefore, the request for eighteen (18) physical therapy sessions is not medically necessary and appropriate

NORCO 10/325: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg, this reviewer would not have recommended this medication as medically necessary. It is unclear what the response has been from Norco to date as this has been a continually listed medication for the injured worker. The requested frequency and duration was not documented. There is no clear evidence of any functional benefit obtained with the use of Norco that would support its ongoing use. Therefore, Norco 10/325 is not medically necessary and appropriate under the Chronic Pain Medical Treatment Guidelines.

DIAZEPAM 5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the use of Diazepam 5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based under the Chronic Pain Medical Treatment Guidelines; as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request for Diazepam 5 mg is not medically necessary and appropriate.

performed ultrasound guided right trochanteric bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Injections

Decision rationale: In regard to the ultrasound guided right trochanteric bursa injection, this reviewer would not have recommended this procedure as medically necessary based on the clinical documentation submitted for review as well as guideline recommendations. Although injections for the hip can be considered an option on a short term basis, the last trochanteric bursal injection provided overall minimal relief. There was no substantial functional improvement or a sufficient duration of benefits to support repeat injections. Therefore, performed ultrasound guided right trochanteric bursa injection is not medically necessary and appropriate under Official Disability Guidelines (ODG).