

Case Number:	CM14-0115815		
Date Assigned:	08/06/2014	Date of Injury:	01/19/2009
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Practice 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 60-year-old male with a reported date of injury on 01/19/2009. The injury reportedly occurred when the injured worker fell from a truck while loading bags of rice. His diagnoses were noted to include right groin and hip pain, history of superior/inferior ramus fracture of the acetabulum, mildly degenerative fraying of the anterior labrum without evidence of frank labral tear, mild acetabular rim spurring, and low back and upper back pain. His previous treatments were noted to include physical therapy and medications, aquatic therapy, and sacroiliac joint injections. The progress note dated 05/28/2014 revealed complaints of pain to the right shoulder, low back, and right hip. The injured worker revealed the hip pain was what bothered him the most that radiated into the groin. The pain levels were rated 7/10 before medications and came down to 3/10 with medications. The injured worker reported he needed something to help him sleep and that he exercised regularly. The injured worker reported the medications allowed him to take care of himself, such as cook and clean. The physical examination revealed pain with external rotation of the hip. The provider indicated the flexion of the hip was not too bad. The provider indicated there was an x-ray of the right hip performed on 06/23/2012 with no fractures and a small spur at the inferior aspect of his acetabulum. The provider indicated an MRI of the right hip dated 10/22/2010 noted a mildly degenerative fraying of the anterosuperior labrum without evidence of frank labral tear. The Request for Authorization Form dated 06/16/2014 was for Flexeril 10 mg #30 retrospective 05/28/2014 for myofascial pain, an MRI of the right hip for an updated view, an AP pelvis standing x-ray and frog leg lateral view of the hip for an updated view.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 dispensed on 05/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg #30 retrospective 05/28/2014 is not medically necessary. The injured worker has utilized this medication since 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postoperative use. The addition of cyclobenzaprine to other agents is not recommended. There is lack of clinical documentation regarding muscle spasms to warrant a muscle relaxant. The guidelines recommend short term utilization of this medication and the injured worker has been utilizing this medication for at least 2 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Flexeril 10mg #30 dispensed on 05/28/14 is not medically necessary and appropriate.

AP Pelvis standing x-rays and frog leg lateral view of 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: Hip & pelvis Chapter

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, X-ray.

Decision rationale: The request for an AP pelvis standing x-ray and frog leg lateral view of the hip is not medically necessary. The injured worker had the single AP view of the right hip performed 10/17/2012 that was within normal limits. The Official Disability Guidelines recommend plain radiographs of the pelvis to be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis. Although diagnostic performance of the imaging techniques was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of femoral component because of their efficacy and low risk of patient morbidity. There is a lack of clinical findings with significant change in pathology to warrant a repeat x-ray of the hip. Therefore, the request of AP (Anterior Posterior) Pelvis standing x-rays and frog leg lateral view of hip is not medically necessary.

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: Hip Chapter

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, MRI.

Decision rationale: The request for an MRI of the right hip is not medically necessary. The injured worker had an MRI of the right hip performed 10/22/2010 with mildly degenerative fraying at the anterosuperior labrum without evidence of a frank labral tear. The Official Disability Guidelines recommend an MRI for osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, or stress fracture; acute and chronic soft tissue injuries, or tumors. The exceptions for the MRI are suspected osteoid osteoma or labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). The guidelines state MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The MRI is both highly sensitive and specific for detection of many abnormalities involving the hip or surrounding soft tissue and should, in general, be the first imaging technique employed following plain films. There is a lack of clinical findings showing red flags or significant change in pathology to warrant a repeat MRI. There is lack of documentation regarding a significant failure of conservative treatment prior to warranting an MRI. Therefore, the request of MRI right hip is not medically necessary.