

Case Number:	CM14-0128525		
Date Assigned:	08/18/2014	Date of Injury:	05/14/2003
Decision Date:	09/18/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, 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 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 54 year old male who sustained an injury on 05/14/03. No specific mechanism of injury was noted. The injured worker did have a prior history of low back surgery with resultant persistent groin pain. The injured worker also received several injections to the left hip which did provide benefit. As of 06/13/14, the injured worker continued to have complaints of pain in the left hip. The injured worker had been diagnosed with a femoroacetabular impingement with labral tearing. At this visit physical examination findings noted positive impingement signs in the left hip with some tenderness over the psoas and trochanteric bursa. For bursitis, the injured worker was recommended for a stretching program and was prescribed topical anti-inflammatories. Preoperative CT studies were ordered prior to scheduling hip arthroscopy. The requested preoperative physical therapy for 6 sessions for the left hip as well as topical compounded medications including Ketoprofen and Lidocaine with DSMO 60 grams were denied by utilization review on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Op Physical Therapy 2 x 3 weeks left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: In regards to the request for preoperative physical therapy for 6 sessions for the left hip, this reviewer would not have recommended this request as medically appropriate. From the clinical documentation submitted for review, it did not appear that the injured worker had been approved for surgical intervention. No specific goals were noted in the recent clinical records regarding the expected benefits to be obtained with physical therapy. Given the lack of documentation regarding expected goals for the injured worker, this request is not medically necessary.

Ketoprofen/Lidocaine/DSMO 10/5/5% Cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

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

Decision rationale: In regards to the use of topical compounded medication that includes Ketoprofen, Lidocaine, and DSMO 60g, this request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Ketoprofen which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this request is not medically necessary.