

Case Number:	CM14-0139775		
Date Assigned:	09/08/2014	Date of Injury:	09/05/2010
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 25-year-old female with a date of injury of 09/05/2010. The listed diagnoses per [REDACTED] are: 1. Tearing of the superior and posterior portion of the right acetabular labrum per right hip MR arthrogram from 2012. 2. Right sacroiliitis. 3. Contusion, right anterior - superior iliac spine. 4. Right greater trochanteric bursitis. 5. Psychiatric issues, deferred to appropriate specialist. 6. Sleep disorder. 7. Status post right hip surgery per [REDACTED] on 08/22/2013. According to progress report 08/20/2014, the patient presents with continued persistent flareups of right hip pain. She rates her right hip pain 7-8/10 on a pain scale. Examination revealed Patrick's test causes increased right hip pain anteriorly and laterally. Flexion and internal/external rotation of the right hip caused audible and palpable snap with immediate increased pain about her right hip. There was tenderness noted over the right anterior hip region and right greater trochanteric bursae region. The treater recommends the patient continue her medications. Utilization Review denied the request on 08/21/2014. Treatment reports from 03/06/2014 through 08/20/2014 were reviewed. It was noted the patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

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

Decision rationale: This patient presents with continued right hip pain. The treater is requesting a refill of Ativan 1 mg #30. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of the medical file indicates the patient has been prescribed Ativan since 07/02/2014. MTUS Guidelines are clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is for denial.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with continued right hip pain. The treater is requesting a refill of Soma 350 mg #90. The MTUS page 63 has the following regarding muscle relaxants, "recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. Review of the medical file indicates the patient was prescribed Soma 350 mg #90 with 3 refills on 07/02/2014. Muscle relaxants are not recommended for long-term use, and recommendation is for denial.

Motrin 800mg #100 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22, 60.

Decision rationale: This patient presents with continued right hip pain. The treater is requesting a refill of Motrin 800 mg #100 with 3 refills. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS Guidelines also supports oral NSAID for chronic low back pain. In this case, the treater has prescribed this medication since 07/02/2014 without discussing the medication's efficacy. There is no discussion of reduction of pain or increase in functional capacity with taking medications. MTUS page 60 requires documentation of pain assessment and functional changes

when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. Recommendation is for denial.