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| Case Number: | CM14-0145233 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 10/09/2013 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Preventive Medicine, has a subspecialty in Occupational 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 44 year old female who was injured at work on 10/09/2013. The injured worker is reported to be complaining of anxiety, depression, inability to work, high levels of pain. She complained of frequent low back pain rated between 3/10 -8/ that radiates to her low extremities. The low back pain disturbs her sleep, and is worsened by most activities. She complained of left hip pain that ranges between 5-9/10. The hip pain is worsened by leg movement. The physical examination was positive for limited range of motion of the lumbar spine; positive straight leg raise on the left; positive FABER test on the left; slight weakness of the muscles of the lower limbs; mild sensory deficit in the S1 dermatome. The MRI of the left hip indicated focal labral tear. Her diagnosis include left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroiliitis versus facet syndrome at L5-S1. Treatments have included physical therapy; Acupuncture; oriental massage; Cortisone injection of the hip; Naproxen; Tramadol; currently, she is being treated with Tylenol #3 and Carisprodol . She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. At dispute are the requests for Hip evaluation with a specialist; Home health assistance; Voltaren XR (unknown dosage and quantity; Soma (unknown dosage and quantity; Tylenol #3 (unknown dosage and quantity): Topical creams; Final confirmation of urine drug test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hip evaluation with a specialist: Overturned

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) < Hip and Groin Disorders - Hip Pain >, page(s) <Online Edition>

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Hip evaluation with a specialist. The MTUS makes no recommendation on Hip evaluation with a specialist, but recommends a referral when the case is beyond the expertise of the treating provider. The ACOEM guidelines recommend local anesthetic injections are recommended to assist in the diagnosis of subacute or chronic hip pain. Therefore this request is medically necessary.

Home health assistance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home health services

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Home health assistance. The Official Disability Guidelines does not recommend home health services as on its own, rather home health services could be prescribed if a home bound individual needs a form of treatment that requires skilled services. Therefore, the requested treatment is not medically necessary.

Voltaren XR (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Workers' Compensation Drug Formulary

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Voltaren XR (unknown dosage and quantity) Although the MTUS recommends the lowest dose of the Nonsteroidal anti-inflammatory drugs for the shortest period in patients with moderate to severe pain, the requested treatment has no specified dosage or quantity. Besides, Voltaren (Diclofenac), belongs to the not preferred list in the Official Disability Guidelines. The requested treatment is not medically necessary.

Soma (unknown dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Soma (unknown dosage and quantity). The MTUS does not recommend the use of Carisprodol (Soma) for more than a 2 to 3 week period. Therefore, the requested unknown dosage and quantity of Soma is not medically necessary.

Tylenol #3 (unknown dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-92.

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus polpusus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Tylenol #3 (unknown dosage and quantity). Tylenol #3 is a drug containing Codeine and Tylenol. The MTUS recommends it to be used as 15mg to 60mg of codeine per dose (Max 360mg/24hr), and acetaminophen 300mg to 1000mg per dose (Max 400mg/24hr); and that doses may be given as needed up to every 4 hours. Since the dose and the quantity are unknown in the requested treatment there is no way of knowing what quantity is being taken and for how long. The MTUS does not recommend taking opioids for more than 16 weeks. The requested treatment is not medically necessary.

Topical creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus polpusus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Topical cream. The MTUS does not recommend the use of Topical Analgesics except in cases of neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. Furthermore, when topical Analgesic is recommended, the MTUS does not recommend any compound that contains at any drug (or drug class) that is not recommended. The records reviewed do not indicate failed treatment with antidepressant and anticonvulsants; besides the requested treatment does not specify which topical analgesic is being requested. Therefore, the requested treatment is not medically necessary and appropriate.

Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine drug testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The injured worker sustained a work related injury on 10/09/2013. The medical records provided indicate the diagnosis of left hip acetabular tear; Sleep disorder; anxiety and depression; herniated nucleus pulposus with left sided radiculopathy; left sacroilitis versus facet syndrome at L5-S1. Treatments have included Cortisone injection of the hip; currently, she is being treated with Tylenol #3 and Carisprodol. She has been referred to a hip specialist for diagnostic cortisone injection of the left hip under anesthesia with fluoroscopic guidance to evaluate the cause of the hip pain. The medical records provided for review indicate a medical necessity for Final confirmation of urine drug test results. The official Disability Guidelines does not recommend confirmation of urine test except in when the results of a test are contested. Therefore Official disability Guidelines recommends that confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Since the records reviewed do not indicate test results are being contested, the requested test is not medically necessary and appropriate.