

Case Number:	CM14-0061368		
Date Assigned:	07/09/2014	Date of Injury:	11/20/2003
Decision Date:	09/08/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 50-year-old male with a 11/20/03 date of injury. Progress Note dated 4/8/14 described ongoing lumbar spine pain with tenderness to palpation of the lumbar facets bilaterally at L3-S1; antalgic gait; and reduced range of motion secondary to pain. There was moderate right ischial bursal tenderness. The patient underwent a right-sided ischial bursal injection on 8/20/13 and obtained approximately 8 weeks of greater than 60% pain relief. The patient was reported to be more active with ADLs, exercise, and required fewer medications. Regarding medications, there was no evidence of abuse or hoarding. Narcotic medications provided analgesia and improvement in ADLs. There was a pain contract and an updated UDS was obtained. Progress Note dated 5/28/14 documented a request for an updated MRI of the lumbar spine. It was noted that there was a denial for right initial gluteal bursitis injection. Patient reports increased pain on the right. Previously there was left-sided pain, for which the patient underwent a left-sided ischial bursal injection on 8/20/13. Current exam findings included left greater trochanter bursa tenderness; pain, and negative Gaenslen's. There was increased pain with resisted hip extension. There is no evidence that any treatment has been directed to the present pain located in the buttock. However, it was not entirely clear where this information was obtained. It was noted that the patient's main pain is in the area of the hamstring tear of the right side. There is a very noticeable snapping with leg tension, it is constant and causes pain. The second area of pain is in the back, and the third area is to the left hip/hamstring. The patient has not had any treatment to the left hamstring area. The injection along with medication, Vicodin 5/500 mg has been the only way to control the patient's pain. After each injection, there is reduction in pain and snapping no longer occurs, which eases somewhat pain for 1-1.5 months. There was a request for Vicodin 5/500 mg #70 between 5/13/14 and 7/20/14. It was also noted it is unclear why the patient was reportedly abusing medications and should be weaned. Patient's average is less than 2.5 tablets

per day and his prescribed 30 tablets prolonged period the patient utilizes his medication as needed to help with pain control and perform activities. MRI of the right hip dated 6/20/14 revealed right hamstring origin tendinosis and chronic partial thickness tear relatively low rate in severity; no full-thickness defects were identified. There was bilateral hip osteoarthritis, including labral degeneration: Undersurface fraying/subtle tear of the anterior superior right hip labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 79-80.

Decision rationale: Medical necessity for Vicodin is not established. The request for Vicodin obtained an adverse determination, as there was lack of guideline compliance, with documentation of continued reduction of pain and increased function, as well as appropriate monitoring. A prior review recommended modification of Vicodin from #70 with one refill to 20 tablets for weaning purposes. It was noted that there has been ample time to continue to wean the patient off the medications, and the requested Vicodin was not medically necessary. The 5/28/14 note in fact indicated that the patient does not abuse pain medications and is in fact utilizing very low dosages, not exceeding 2.5 tablets/day. There was note of functional improvement and reduction in pain levels. Although it appears that the patient does require ongoing pain medications to address his pain complaints, the request is for an "unknown prescription of Vicodin." Modification within this review is not possible and recommendation for an unknown number and dosage of opioids is also not medically reasonable. Therefore, the request is not substantiated and is therefore not medically necessary.

1 Right Ischial Gluteal Bursitis Injection under Fluoroscopy, anesthesia, and ultrasound guidance: Overturned

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

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.

Decision rationale: Medical necessity for the requested ischial gluteal injection is established. This request previously obtained an adverse determination as there were few physical examination findings supporting the need for ischial gluteal injections. ODG states that Gluteus Medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related.

Corticosteroid injections are noted to be safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. The 6/20/14 MRI of the right hip revealed hamstring origin tendinosis and chronic partial thickness tear relatively low rate in severity and the most recent note described efficacy of prior injections with reduction in pain and snapping in the hip. As there is positive imaging evidence, as well as efficacy of prior injections, the request is substantiated and is therefore medically necessary.

Unknown prescription for Tizanidine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 Page(s): 63.

Decision rationale: Medical necessity for the requested muscle relaxant is not established. The patient has a 2003 date of injury and has been utilizing Tizanidine for an indeterminate time. CA MTUS does not recommend chronic pain management with the use of muscle relaxants. There is no discussion of efficacy, reduction in spasms, presence of spasms, or an acute exacerbation in the patient's condition. Furthermore, there is no dosage and medication regimen described. The request is not substantiated and is therefore medically not necessary.