

Case Number:	CM14-0125171		
Date Assigned:	08/11/2014	Date of Injury:	12/07/2012
Decision Date:	01/02/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hip and thigh pain reportedly associated with an industrial injury of December 7, 2012. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for ultrasound imaging of the left hip and topical compounded Ultracin lotion. The applicant's attorney subsequently appealed. In a January 15, 2014 appeal letter, the attending provider appealed a decision to deny extracorporeal shockwave therapy to the elbow. On June 25, 2014, the applicant reported multifocal complaints of knee, hip, thigh, low back, ankle, and SI joint pain. Large portions of the note were very difficult to follow. Ultrasound testing of the hip and topical compounded Ultracin lotion was endorsed. The note was highly templated and employed preprinted checkboxes, for the most part. The attending provider wrote in one section that the applicant could not tolerate oral NSAIDs and then stated, somewhat incongruously, that the applicant was using and tolerating oral Celebrex without any difficulty. The hip ultrasound was apparently being sought for the purpose for ruling out internal derangement. The applicant was hypertensive and diabetic, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Diagnostic Ultrasound section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge that diagnostic ultrasound testing is helpful for evaluating many hip disorders, including gluteus medius tendinopathy, greater trochanteric bursitis, greater trochanteric pain syndrome, groin strains, femoral acetabular impingement, hip instability, and labral tears, ACOEM notes, conversely, that there is "no recommendation" for use of hip ultrasound testing to diagnose other hip disorders such as osteonecrosis, osteoarthritis, dysplasia, fractures, etc. In this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's handwritten progress note has not clearly outlined how the proposed hip MRI would influence or alter the treatment plan. The attending provider did not clearly state why hip arthritis was not a consideration here, given the applicant's age (57). The request, thus, cannot be supported owing to the paucity of supporting information here. Therefore, the request is not medically necessary.

Compound medication; Ultracin Lotion 120ml (apply b.i.d): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (July 18, 2009) ; Topica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM) Ultracin Medication Guide

Decision rationale: Ultracin, per the National Library of Medicine (NLM), is an amalgam of menthol, methyl salicylate, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of oral Celebrex effectively obviates the need for capsaicin-containing Ultracin compound. Therefore, the request was not medically necessary.