

Case Number:	CM14-0208473		
Date Assigned:	12/22/2014	Date of Injury:	03/05/2011
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 3/5/2011 after slipping and falling, hitting his head and knee before landing on his buttocks. He was diagnosed with headaches, osteoarthritis localized primary involving lower leg. He was treated with NSAIDs and other pain medications, physical therapy, chondroplasty of the left knee, ice, and rest. On 11/6/14, the worker was seen by his treating physician complaining of right hip pain and for follow-up of his left knee. His knee was reportedly still bothering him, but improved some since his surgery months prior. He more complained of his right hip and right lateral thigh and right knee on that visit (pain level rated 9/10 on the pain scale), for which he was taking Norco and Motrin. He reported being required to stand for longer periods of time at work lately, which was aggravating the hip and knee pain. Physical examination revealed BMI of 29.5, tenderness over the greater trochanter as well as over the right groin area with a mildly positive impingement sign on the right and tenderness over the right IT band. No other provocative tests were documented as being performed for the hip area. No x-rays were obtained. He was diagnosed with hip pain and then recommended to have x-rays of the pelvis and both knees prior to the following visit and to continue taking Voltaren gel and Norco. On his follow-up visit, it was planned to have him undergo an ultrasound-guided steroid injection for his right hip area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip ultrasound-guided steroid injection x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Intra-articular steroid hip injection (IASHI)<http://www.ncbi.nih.gov/pubmed/23992258>

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 section, Trochanteric bursitis injections.

Decision rationale: The MTUS is silent in regards to trochanteric injections for bursitis. The ODG, however, recommends trochanteric bursitis injections as they are safe and highly effective, usually with only one single injection. Steroid injection can be offered as a first-line treatment of trochanteric bursitis. Injections requires a clear diagnosis of trochanteric bursitis based on physical examination findings. In the case of this worker, the request at first seems somewhat ambiguous with the previous reviewer suggesting x-rays to identify the extent of the hip joint arthritis before considering an intra-articular hip injection. However, after reviewing the documents provided for review, it is more clear that the intention of the provider was to perform an injection of the right hip trochanter bursa, which was eventually completed as planned on the follow-up visit following this request. There were clear signs of bursitis in the right hip area and an injection is completely warranted considering this diagnosis. Therefore, the ultrasound-guided steroid injection of the right hip (trochanteric bursa) is medically necessary and appropriate.

Voltaren gel 1 percent 100gms apply 1-4x/day #1 tube refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was insufficient evidence that the Voltaren gel, which was used chronically leading up to this request for renewal, provided functional benefits with its use. Also, there was concurrent use of an oral NSAID (Motrin), which is redundant. Therefore, the Voltaren gel will be considered medically unnecessary.

