

Case Number:	CM15-0002116		
Date Assigned:	01/13/2015	Date of Injury:	04/07/2014
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62-year-old male with a date of injury 04/07/2014. The mechanism of injury was a fall. His diagnoses included thoracic or lumbosacral neuritis or radiculitis, greater trochanteric bursitis. Past treatments include physical therapy and acupuncture. Diagnostic studies included an MRI of the lumbar sacral, x-ray of the right hip, and x-ray of the right elbow. Surgical history was not provided. The patient presented on 08/29/2014 with complaints of tenderness and pain in the right hip and tailbone, constant dull to sharp with a self rate as 8/10. He stated the pain radiates to the right thigh and knee with spasm and numbness, and it increased with prolonged sitting, standing, walking, cold weather, and completing his activities of daily living. The pain is relieved with prone position. Objective findings included the patient ambulates with a slight antalgic gait, heel to toe walk with a slight antalgic gait, Coccyx tenderness of L5-S1 with limited and painful range of motion of the lumbosacral with flexion, extension, and lateral rotation. Straight leg raise test is positive without nerve irritation. Faber test is positive. Medications were not included. Treatment plan was not included. The request was for MRI of the right hip and right knee per 11/13/2014 form, decision for MRI of the hip and pelvis musculature, MRI of the coccyx, omeprazole DR 20 mg, and orphenadrine ER 100 mg. The Request for Authorization form was not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip and right knee per 11/13/14 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request is for MRI of the right hip and right knee per 11/13/14 form. The documentation did not include anything dated 11/13/2014. According to the California ACOEM Guidelines, there was absence of documentation showing a change of symptoms. The documentation failed to show the injured worker had tried and failed an adequate course of conservative therapy such as physical therapy, rest, activity modification, and steroid injection. In the absence of documentation showing a failure of the initially recommended conservative care including active therapies and significant deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is non-certified.

MRI of the hip and pelvis musculature: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the hip and pelvis musculature is non-certified. The documentation did not include anything dated 11/13/2014. According to the California ACOEM Guidelines, there was absence of documentation showing a change of symptoms. The documentation failed to show the injured worker had tried and failed an adequate course of conservative therapy such as physical therapy, rest, activity modification, and steroid injection. In the absence of documentation showing a failure of the initially recommended conservative care including active therapies and significant deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is non-certified.

MRI of the coccyx: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MRI of the coccyx is not medically necessary. The documentation did not include anything dated 11/13/2014. According to the California ACOEM Guidelines, there was absence of documentation showing a change of symptoms. The documentation failed to

show the injured worker had tried and failed an adequate course of conservative therapy such as physical therapy, rest, activity modification, and steroid injection. In the absence of documentation showing a failure of the initially recommended conservative care including active therapies and significant deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is non-certified.

Omeprazole DR 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole DR 20mg #30 with 2 refills is non-certified. The California MTUS Guidelines recommend the use of proton pump inhibitors for injured workers who are at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines not patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding, or perforation with concurrent use of aspirin, corticosteroids, or an anticoagulant or high dose multiple NSAIDs. According to the guidelines, proton pump inhibitors, such as omeprazole, may be appropriate as an adjunct to NSAID therapy for patients with significant risk factors for gastrointestinal events or for those with complaints of dyspepsia secondary to NSAID use. The injured worker had no complaints of gastrointestinal upset. The documentation submitted did not include subjective or objective evidence that would indicate the injured worker has a history of gastrointestinal bleeding, peptic ulcer, or perforation. The physician did not provide a rationale for the use of the omeprazole. Within the documentation, there is no indication that the patient has been prescribed any NSAID medication at this time. Therefore, the request is indicated. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg #30 with 2 refills: Upheld

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

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

Decision rationale: The request for orphenadrine ER 100mg #30 with 2 refills is not medically necessary. California MTUS Guidelines recommend muscle relaxants such as orphenadrine for short term therapy. The California MTUS Guidelines recommend nonsedating muscle relaxants be used with caution as a second line option for treatment of acute exacerbations and they show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. There was a lack of objective documentation of the patient's beneficial response to the use of orphenadrine. As such, the request is not medically necessary.