

<b>Case Number:</b>	CM15-0008064		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 38 year old individual who sustained an industrial injury on 7/3/13. The injured worker reported symptoms in the right hip. The diagnoses included facet mediated low back pain, facet osteoarthopathy L4-5, and rule out right hip component. Treatments to date have included oral pain medication, home exercise program. PR2 dated 11/18/14 noted the injured worker presents with "tenderness right shoulder, diffuse. Pain with range of motion of thigh at hip" the treating physician is requesting x-rays (anterior posterior and lateral) of the right hip, hydrocodone 10/325mg #60, and cyclobenzaprine 7.5mg #90. Per documentation a 12/9/14 physical exam revealed tenderness over the right iliac crest, rectus abdominus, lateral abdominal muscles and lumbar musculature right of midline. On 1/8/15, Utilization Review non-certified a request for x-rays (anterior posterior and lateral) of the right hip, hydrocodone 10/325mg #60, and cyclobenzaprine 7.5mg #90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays (AP and lateral) of the right hip:** Upheld

**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, Xray

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Hip and pelvis

**Decision rationale:** X-rays (AP and lateral) of the right hip are not medically necessary per the ACOEM MTUS Guidelines and the ODG. The MTUS states that an initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. The ODG states that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The documentation of pain over the iliac crest would not require hip x-rays as this can be seen on lumbar xrays. There is no documentation of recent new severe injury or trauma. The request therefore for a right hip x-ray is not medically necessary.

**Retro Hydrocodone 10/325 mg #60 with a dos of 11/18/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Retro Hydrocodone 10/325 mg #60 with a dos of 11/18/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that ongoing management of opioids should include the lowest possible doses to improve function and pain. Per documentation the patient was weaned off prior Hydrocodone. The documents indicate that he was taking over 5 Hydrocodone per day at one point. The patient is on extended release Tramadol. The progress notes states that the Tramadol extended release has facilitated the patient to wean off of his immediate release opioid. There are no extenuating factors that would necessitate restarting this medication. The request is not medically necessary.

**Retro Cyclobenzaprine 7.5 mg #90 with a dos of 11/18/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Retro Cyclobenzaprine 7.5 mg #90 with a dos of 11/18/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine significantly longer than the 2-3 week time period. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.