

<b>Case Number:</b>	CM15-0108703		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on 8/12/2013. She reported twisting and hitting a sprinkler. The injured worker was diagnosed as having right hip sprain/strain with possible internal derangement, right lower extremity radiculopathy and lumbar sprain/strain. Right hip magnetic resonance imaging showed a labral tear. Treatment to date has included injections, physical therapy and medication management. In the most recent progress note available, dated 1/30/2015, the injured worker complains of low back pain. Physical examination showed right hip tenderness to palpation and pain with abduction and internal rotation. The treating physician is requesting magnetic resonance arthrogram of the right hip, Cyclobenzaprine 7.5 mg #30 with 2 refills, Pantoprazole 20 mg #30 with 1 refill and Flurbiprofen 120mg/Ketoprofen 120mg cream #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram of the right hip:** 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 & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Arthrography.

**Decision rationale:** The injured worker sustained a work related injury on 8/12/2013. The medical records provided indicate the diagnosis of right hip sprain/strain with possible internal derangement, right lower extremity radiculopathy and lumbar sprain/strain. Right hip magnetic resonance imaging showed a labral tear. Treatments have included injections, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for MR arthrogram of the right hip. The MTUS is silent on this procedure, but the official Disability Guidelines recommends MR arthrogram in suspected labral tear. The Guidelines states, "A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view". The medical records indicate during the 01/30/15 visit, she was noted to have exquisite right hip pain with abduction greater than 40 degrees, deep groin pain with reproduction with flexion more than 90 degrees during internal rotation or adduction. The records also revealed presence of Labral tear in MRI; the Arthrogram is needed to plan for surgery. Therefore, the request is medically necessary.

**Cyclobenzaprine 7.5mg, QTY: 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker sustained a work related injury on 8/12/2013. The medical records provided indicate the diagnosis of right hip sprain/strain with possible internal derangement, right lower extremity radiculopathy and lumbar sprain/strain. Right hip magnetic resonance imaging showed a labral tear. Treatments have included injections, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg, QTY: 30 with 2 refills. Cyclobenzaprine (Flexeril) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The recommended dosing of cyclobenzaprine is 5 to 10 mg three times a day for no longer than 2-3 weeks. The requested treatment exceeds the recommended duration of treatment. Therefore, this request is not medically necessary.

**Pantoprazole 20mg, QTY: 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Appendix A ODG Workers-Compensation Drug Formulary.

**Decision rationale:** The injured worker sustained a work related injury on 8/12/2013. The medical records provided indicate the diagnosis of right hip sprain/strain with possible internal derangement, right lower extremity radiculopathy and lumbar sprain/strain. Right hip magnetic resonance imaging showed a labral tear. Treatments have included injections, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Pantoprazole 20mg, QTY: 30 with 1 refill. Pantoprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events on treatment with NSAIDs. This includes individuals with: (1) age greater than > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker belongs to the above groups; besides, pantoprazole is not recommended as a first line drug by the Official Disability Guidelines. Therefore, this request is not medically necessary.

**Flurbiprofen 120mg/Ketoprofen 120mg cream #1: 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.

**Decision rationale:** The injured worker sustained a work related injury on 8/12/2013. The medical records provided indicate the diagnosis of right hip sprain/strain with possible internal derangement, right lower extremity radiculopathy and lumbar sprain/strain. Right hip magnetic resonance imaging showed a labral tear. Treatments have included injections, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 120mg/Ketoprofen 120mg cream #1. The topical analgesics are largely drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend the use of Ketoprofen. Therefore, this request is not medically necessary.