

<b>Case Number:</b>	CM15-0139545		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

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

### 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 46-year-old female who sustained an industrial injury on September 10, 2013 resulting in low back and left hip pain. She was diagnosed with left lumbar radiculopathy, lumbar myofascial strain, lumbar facet arthropathy, lumbago, and left trochanteric bursitis. Treatment has included left trochanteric bursa injection with no reported relief, physical therapy with no reported relief, acupuncture which provided some relief, use of a TENS unit with report of being helpful with pain relief, transforaminal epidural steroid injection noted to provide 10 percent pain relief, and medications which she states provides moderate, temporary relief. The injured worker continues to present with low back and left hip pain. The treating physician's plan of care includes Flector patch 24 hour to be applied to the low back, and a left trochanteric bursa injection. She is on modified work if available; otherwise off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 24h PRN to be applied to the low back, Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector patch, page 1337.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and continues to be treated for low back and left hip pain. Treatments have included acupuncture with minimal relief and TENS with good relief. Physical therapy and a greater trochanteric bursa injection in November 2014 were without any relief. When seen, there had been 10% improvement after a transforaminal epidural steroid injection. Medications included Naproxen and LidoPro ointment. There was positive left straight leg raising and Bowstring testing and crossed straight leg rising was positive. There was decreased left lower extremity strength. There was lumbar paraspinal muscle tenderness and positive left facet loading. There was tenderness over the left greater trochanteric bursa. Nabumetone, Omeprazole, and Flector were prescribed and a greater trochanteric bursa injection was administered. The claimant's BMI is 30. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Nabumetone was also prescribed. Prescribing two NSAID medications is duplicative. Additionally, if a topical NSAID were being considered, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.

**Left trochanteric bursa injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Injection with anaesthetics and/or steroids Page(s): 54.

**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), Trochanteric bursitis injections.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and continues to be treated for low back and left hip pain. Treatments have included acupuncture with minimal relief and TENS with good relief. Physical therapy and a greater trochanteric bursa injection in November 2014 were without any relief. When seen, there had been 10% improvement after a transforaminal epidural steroid injection. Medications included Naproxen and LidoPro ointment. There was positive left straight leg raising and Bowstring testing and crossed straight leg raising was positive. There was decreased left lower extremity strength. There was lumbar paraspinal muscle tenderness and positive left facet loading. There was tenderness over the left greater trochanteric bursa. Nabumetone, Omeprazole, and Flector were prescribed and a greater trochanteric bursa injection was administered. The claimant's BMI is 30. Guidelines recommend a cortisone injection as an option in treating greater trochanteric bursitis. However, in this case the claimant already had this procedure without any improvement. Although the claimant is obese, there is no reported technical deficiency with the injection already done. The request is not medically necessary.

