

Case Number:	CM15-0163762		
Date Assigned:	09/01/2015	Date of Injury:	05/17/2010
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York

Certification(s)/Specialty: Internal 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 34 year old, male who sustained a work related injury on 5-17-10. The diagnoses have included lumbago with lower extremity radiculopathy and cramping and left hip pain and popping. Treatments have included oral medications and lumbar epidural injections (short-term relief). In the PR-2 dated 7-8-15, the injured worker reports low back pain (lumbago) with bilateral leg pain. He reports left hip pain. The pain he thought was in his back is going into his left hip. He continues to have a loud pop and click and thud in his left hip, especially when he gets in and out of his sweeper. He also has had some cramping in both calves. On physical exam, he can heel and toe walk. He can flex forward and touch the ground and extend his back. He has normal rotation and lateral bending. Straight leg raises are negative with both legs. He has 2+ out of 2+ reflexes. Motor strength is 5 out of 5. When he does a sit-up, there is a pop in his left hip that appears to be over the rectus long head and the pop is loud enough it reverberates through the posterior aspect of his hip and he can feel it posteriorly. He is working regular duties. The treatment plan includes an MRI of the pelvis and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the pelvis: 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-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Replacement Chapter, MRI (magnetic resonance imaging).

Decision rationale: Per ODG, Hip Magnetic resonance imaging (MRI) is indicated in patients suspected of having Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries or Tumors. Documentation provided for review fails to show objective findings on history or physical examination to support the medical necessity to rule out more serious conditions such as soft tissue abnormalities, fracture or Osteonecrosis. With guidelines not being met, the request for Magnetic resonance imaging (MRI) of the pelvis is not medically necessary.

Norco 325/10, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. The request for Norco 325/10, #60 is not medically necessary by MTUS.

Voltaren 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain.

Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation fails to demonstrate objective evidence of evidence of significant improvement in pain with long-term use of Voltaren. With MTUS guidelines not being met, the request for Voltaren 100mg, #60 is not medically necessary.