MAXIMUS Federal Services

Case Number:	CM15-0193977		
Date Assigned:	10/07/2015	Date of Injury:	10/29/2014
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 53 year old male who sustained an industrial injury on 10-29-14. The injured worker is diagnoses with hip-thigh sprain (not otherwise specified) and bursitis (not elsewhere classified). His work status is modified duty. Notes dated 7-20-15 - 8-25-15 reveals the injured worker presented with complaints of moderate to severe bilateral hip pain. He reports pain with range of motion and difficulty ambulating and is unable to mow lawn, kneel and lift. Physical examinations dated 7-20-15 - 8-25-15 revealed bilateral "greater trochanteric" area of the hips is tender to palpation. There is weakness (left greater than right) with "side lying hip abduction and inability to abduct more than a few inches against gravity." He experiences bilateral buttock pain (right greater than left) with forward bending and tenderness over the bilateral "sciatic notch" (right greater than left). Treatment to date has included physical therapy, TENS unit provides temporary pain relief per note dated 7-20-15, medications; Norco, Ibuprofen, Flector patch (for at least 2 months), Gabapentin (increased sedation), cane for ambulation and chiropractic care increase pain per note dated 6-5-15. Diagnostic studies to date have included MRI (2015) reveals left hip osteoarthritis and small joint effusion, gluteus medius and minimus tendinosis with small partial thickness attachment sit tearing and common hamstring tendinosis, per physician note dated 8-25-15 and left hip x-rays (2015) mild joint space narrowing. A request for authorization dated 9-17-15 for Flector patch apply as needed twice a day for the left hip bursitis 1 box with 3 refills is denied, per Utilization Review letter dated 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch apply as needed twice a day for the left hip bursitis 1 box with 3 refills: 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-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) The medical records do not support that the insured has been tried on oral NSAIDs and failed or demonstrated intolerance. Topical use of NSAIDS is not medically necessary for spine condition.