

Case Number:	CM15-0194390		
Date Assigned:	10/08/2015	Date of Injury:	10/15/2013
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female who sustained an industrial injury on 10-15-13. Diagnoses are noted 9-8-15, as left knee patellofemoral contusion and left knee mild patellofemoral arthrosis. In a progress report dated 9-8-15, the physician notes complaint of constant pain, sharp pain rated at 4 out of 10, made better by medication, made worse with prolonged walking, standing, running and climbing stairs. Physical exam of the right hip notes range of motion: 0-120 degrees, external rotation 50 degrees and internal rotation 20 degrees, and positive impingement sign for labral tear on hip flexion and internal rotation. Physical exam of the left knee notes range of motion: 0-135 degrees, minimal knee effusion, and positive lateral joint line tenderness. Sensory, motor and deep tendon reflexes are reported as intact. Work status is modified duties with limitations. Previous treatment includes right hip steroid injection (with reported 3 months of good pain relief), and at least 3 sessions of physical therapy. The plan is noted as steroid injection right hip, continue physical therapy left knee 2x4, and Voltaren Gel 1% #5, 100 gram tubes. The requested treatment of Voltaren Gel 1% #5 100 gram tubes and referral to physician for steroid injection was non-certified on 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #5 100g tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 35 year old patient complains of pain in lumbar spine, right hip, and left knee, rated at 4/10, as per progress report dated 09/08/15. The request is for Voltaren gel 1% #5 100g tubes. There is no RFA for this case, and the patient's date of injury is 10/15/13. Diagnoses, as per primary treating physician's report dated 09/08/15, included left knee patellofemoral contusion, and left knee mild patellofemoral arthrosis. Diagnoses, as per progress report dated 07/27/15 from [REDACTED], included right hip labral tear. The patient is not working, as per progress report dated 07/27/15. The MTUS chronic pain guidelines 2009 has the following regarding topical creams (p111, Topical Analgesics section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, Voltaren gel is first noted in progress report dated 07/08/15. The current request is noted in progress report dated 09/08/15 from the patient's primary care physician. The treater does not document where and how the topical formulation will be used. However, as per progress report dated 07/27/15 from [REDACTED] (who only discusses the patient's hip problem), it appears that Voltaren gel is being used for the hip. Additionally, in progress report, dated 07/08/15, it appears [REDACTED] is recommending it for patient's Bursitis. The reports, nonetheless, do not document the efficacy of the gel and its impact on patient's pain and function. Furthermore, MTUS recommends this gel only for peripheral joint arthritis, and not for hip problems. Hence, the request is not medically necessary.

Referral to Dr Muldoon for steroid injection: 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) 13th Edition (web) 2015, Pelvis and hip, intra-articular steroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Intra-articular steroid hip injection.

Decision rationale: The 35 year old patient complains of pain in lumbar spine, right hip, and left knee, rated at 4/10, as per progress report dated 09/08/15. The request is for referral to [REDACTED] for steroid injection. There is no RFA for this case, and the patient's date of injury is 10/15/13. Diagnoses, as per primary treating physician's report dated 09/08/15, included left knee patellofemoral contusion, and left knee mild patellofemoral arthrosis. Diagnoses, as per progress

report dated 07/27/15 from [REDACTED], included right hip labral tear. The patient is not working, as per progress report dated 07/27/15. ODG guidelines, Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI) Section states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intra articular glucocorticoid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis." Under the topic 'Sacroiliac Joint Blocks', ODG also states that "Responsiveness to prior interventions with improvement in physical and functional status to proceed with repeat blocks or other interventions." In this case, the patient received a hip injection on 06/08/15. The current request for steroid injection to the right hip is noted in progress report dated 09/08/15 from the patient's primary care physician. The treater states that [REDACTED] had previously provided a steroid injection to the patient "with good improvement. She noted three months of pain relief." The treater also indicates that the patient was reevaluated by [REDACTED] and he decided to proceed with a repeat injection. In progress report dated 07/08/15, [REDACTED] states that the patient's bursitis is "somewhat improved," and requests for a repeat injection. However, as per prior progress report dated 07/27/15 from [REDACTED], the patient has stopped treatment with [REDACTED]. The treater states, "she has had a number of injections to her hip with no relief." ODG requires "improvement in physical and functional status to proceed with repeat blocks." The conflicting information, however, does not appear to indicate efficacy. Hence, the request for repeat injection is not medically necessary.