

Case Number:	CM15-0214062		
Date Assigned:	11/03/2015	Date of Injury:	03/18/2010
Decision Date:	12/15/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This is a 36-year-old male with a date of industrial injury 3-18-2010. The medical records indicated the injured worker (IW) was treated for left heel closed fracture, post open reduction internal fixation and hardware removal; lumbar spine degenerative disc disease at L4-5; lumbar radiculitis down the left leg; and right knee sprain and strain with meniscal tear. In the progress notes (9-10-15), the IW reported left ankle pain, low back pain and right knee pain rated 7 out of 10. He also reported numbness and tingling radiating down the left posterolateral leg into the foot. Prolonged standing, walking, bending and sitting made the pain worse. Medications, Norco (since at least 2014), Ibuprofen and Neurontin, improved the pain. Flexeril was also added on this date. On examination (9-10-15 notes), he walked with a left-sided limp. There was tenderness and tightness in the lumbosacral area, greater on the left, with 50% restriction of flexion and extension. The right lateral trochanteric bursa was tender to palpation. Straight leg raise was positive, greater on the left. The surgical scar on the left ankle was healed. There was no inversion or eversion of the left foot and about 5 to 10 degrees of dorsiflexion and plantar flexion. Right knee range of motion was 0 to 120 degrees, with no crepitus. There was tenderness to the lateral aspect of the right knee. Motor strength was 5 out of 5 in all major muscle groups. Deep tendon reflexes were 1+ bilaterally and symmetric. There was some hypoesthesia and dysesthesia in the left lateral foot and leg. Treatments included left ankle open reduction internal fixation and subsequent hardware removal, physical therapy and medications. The IW was temporarily totally disabled. No spasms were documented in the exams on 6-29-15 and 8-4-15; muscle "tightness" was documented on 9-10-15. The records reviewed did not

address medication compliance. A Request for Authorization was received for one left trochanteric bursa injection, for Flexeril 10mg, #60 and for Norco 10-325mg, #90. The Utilization Review on 10-17-15 non-certified the request for one left trochanteric bursa injection, for Flexeril 10mg, #60 and for Norco 10-325mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left trochanteric bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) - Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Trochanteric Bursitis/ Intra-articular Injections, pages 268-269.

Decision rationale: MTUS is silent regarding trochanteric bursa injection; however, ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis and is considered under study for moderately advanced hip OA. Besides exhibiting tenderness, submitted reports have not adequately demonstrated clear specific symptoms mainly for low back disorder, clinical pathology, and failure of conservative treatment such as NSAIDs and therapy to support the injection without demonstrated failed conservative therapy of pharmacological intervention and therapy to meet meeting guidelines criteria. There are no specific identified pain relief, functional improvements in terms of increased ADLs, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach. The 1 left trochanteric bursa injection is not medically necessary and appropriate.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2010 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional

improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status, remaining temporarily totally disabled and off work to support further use as the patient remains unchanged. The Flexeril 10mg #60 is not medically necessary and appropriate.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status, remaining temporarily totally disabled. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with use since 2014 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.