

Case Number:	CM15-0052203		
Date Assigned:	03/25/2015	Date of Injury:	11/16/2011
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of November 16, 2011. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve requests for MRI imaging of the hip and Lidoderm patches. A February 2, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 26, 2015, Neurontin, x-rays of the hip, and laboratory testing were endorsed. In a progress note dated February 26, 2015, the applicant reported ongoing complaints of low back, hip, and leg pain, 7/10. The applicant was given diagnoses of lumbar radiculopathy, sciatica, and possible iliotibial band syndrome. Neurontin, x-rays of the hip, laboratory testing, and permanent work restrictions were renewed. It did not appear that the applicant was working with previously imposed permanent limitations. On February 2, 2015, MRI imaging of the hip and Lidoderm patches were endorsed. The attending provider acknowledged that the applicant had not employed either Lyrica or gabapentin. The attending provider stated that the applicant had had MRI imaging of the hip in October 2013, results unknown. The attending provider stated that he was therefore requesting MRI imaging of the hip for follow-up purposes. The attending provider did not state how the hip MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14) MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3.

Decision rationale: No, the proposed MRI of the hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Chapter notes that MRI imaging of the hip is not recommended for routine evaluation of chronic hip pain, as was/is present here. The attending provider did not state how the proposed hip MRI would influence or alter the treatment plan. The attending provider did not state that the applicant was considering or contemplating any kind of surgical intervention based on the outcome of the hip MRI. The attending provider did not state what diagnoses were sought and/or suspected. The attending provider was not a hip surgeon, reducing the likelihood of the applicant's acting on the results of the hip MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Lidoderm 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.