

Case Number:	CM14-0117119		
Date Assigned:	09/16/2014	Date of Injury:	03/26/2007
Decision Date:	10/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/26/2007. The date of the utilization review under appeal is 03/07/2014. The primary treating diagnosis is hip enthesopathy. This patient is noted to be status post a left trochanteric bursa corticosteroid injection of 01/13/2013 with minimal subsequent relief in symptoms. On 05/09/2014, the primary treating physician saw the patient in follow-up and noted he had ongoing pain in his left hip since March 2007 with 0% improvement. The patient reported that since the last visit he had remained stable with persistent pain which was severe at times. The patient reported his left hip pain as 6/10 and primarily occurring with ambulating and when standing for prolonged periods of time. The treating physician noted the patient had 1 left trochanteric bursa corticosteroid injection on 01/31/2013 which provided minimal relief and that he had also been treated with Norco. The patient was diagnosed overall with a left hip greater trochanteric bursitis and a left hip labral tear. Treatment recommendations included Norco and greater trochanteric bursa steroid injection and also LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Greater Trochantaric Bursa 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

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

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this treatment. Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), hip and pelvis does discuss trochanteric bursa injections and recommends such treatment as first-line treatment for trochanteric bursitis. In this case, the records indicate this patient underwent this treatment previously and did not have benefit. The medical records and guidelines do not provide a rationale for repeating this treatment, given the lack of past benefit. Therefore, this request is not medically necessary.

Lidopro Topical Oint 40oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, beginning on page 111, states that the use of compounded topical agents requires knowledge of the specific analgesic effect of each agent and how it will be used for the specific therapeutically required. The medical records in this case do not discuss the rationale or proposed mechanism of action for the component ingredients in this medication. The component ingredient lidocaine is indicated for local peripheral neuropathic pain, which is not present at this time. Overall, the medical records do not provide an indication or rationale to support the requested LidoPro ointment. Therefore, this request is not medically necessary.