

Case Number:	CM14-0213168		
Date Assigned:	12/31/2014	Date of Injury:	02/23/1998
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a 56 year old female with an injury date of 02/23/98. Based on the 11/06/14 progress report provided by treating physician, the patient complains of left hip, groin, low back and knee pain. Physical examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Opiate pain agreement was signed. Toxicology report dated 07/11/14 showed results consistent with prescriptions. Treater states in progress report dated 11/06/14 that urine toxicology drug screening "will be repeated every three months." Per progress report dated 02/04/14, treater states that "patient notes functional improvement and pain relief with the adjunct of the medications." Treater states in progress report 11/06/14 that "patient's left hip pain is severe. At this point she will be referred to undergo an MRI of the left hip for diagnostic purposes." Per treater report dated 11/18/14, patient is to remain off work. X-Ray of the Left Hip, date unspecified, per treater report dated 11/06/14, Very minimal joint space narrowing, with no other significant abnormalities noted. Diagnosis 11/06/14, 12/04/14 Right hip arthritis, Rule out left hip degenerative joint disease versus internal derangement, Status post gastric bypass, Status post left total knee arthroplasty, Status post left shoulder arthroscopy, subacromial decompression, with residuals- Status post open left rotator cuff repair, Status post right foot bunionectomy, Lumbar

Radiculopathy, Right knee arthritis. The utilization review determination being challenged is dated 12/04/14. Treatment reports were provided from 02/04/14 - 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter, Magnetic Resonance Imaging (MRI) section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging)

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for left hip MRI. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Physical examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Per treater report dated 11/18/14, patient is to remain off work. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: "Indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors/Exceptions for MRI, Suspected osteoid osteoma (See CT), Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0,T magnets)." Treater states in progress report 11/06/14 that "patient's left hip pain is severe. At this point she will be referred to undergo an MRI of the left hip for diagnostic purposes." X-Ray of the Left Hip, date unspecified, per treater report dated 11/06/14 demonstrated very minimal joint space narrowing, with no other significant abnormalities noted. Treater has not discussed osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would be indicated by ODG. "Severe hip pain" does not warrant MRI of the hip according to guidelines. Therefore, the request is not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Urine toxicology screen. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Toxicology report dated 07/11/14 showed results consistent with prescriptions. Treater states in progress report dated 11/06/14 that urine toxicology drug screening "will be repeated every three months." Per treater report dated 11/18/14, patient is to remain off work. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Toxicology report dated 07/11/14 showed results consistent with prescriptions. Treater states in progress report dated 11/06/14 that urine toxicology drug screening "will be repeated every three months." The treater does not provide opiate risk assessment to determine how frequent UDS's should be obtained. Once a year is recommended per ODG for low risk and there is no evidence to believe that it should be done more often. Therefore, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Norco 10/325mg #60. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Opiate pain agreement was signed. Toxicology report dated 07/11/14 showed results consistent with prescriptions. Treater states in progress report dated 11/06/14 that urine toxicology drug screening "will be repeated every three months." Per treater report dated 11/18/14, patient is to remain off work. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and

duration of pain relief. Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Per progress report dated 02/04/14, treater provides a general statement that "patient notes functional improvement and pain relief with the adjunct of the medications." However, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Patient is under narcotic contract and urine drug screens have been appropriate, which have addressed aberrant drug seeking behavior; but there are no pain scales or discussions of analgesia, adverse effects, etc. There is no return to work or change in work status discussed, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien)

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Ambien 10mg #30. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Physical examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Per treater report dated 11/18/14, patient is to remain off work. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Per progress report dated 02/04/14, treater provides a general statement that "patient notes functional improvement and pain relief with the adjunct of the medications." Ambien was prescribed in progress report dated 02/04/14, which is 10 months from UR date of 12/04/14. MTUS recommends Ambien only for a short period of 7-10 days for the treatment of insomnia. Furthermore, the request for quantity 30 does not indicate intended short term use. The request is not in line with guideline indications; therefore, Ambien is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Prilosec 20mg #30. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Physical examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Per treater report dated 11/18/14, patient is to remain off work. Regarding non-steroidal anti-inflammatory drugs (NSAIDs) and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Per progress report dated 02/04/14, treater provides a general statement that "patient notes functional improvement and pain relief with the adjunct of the medications." Prilosec and Motrin were prescribed in progress reports dated 02/04/14 and 11/06/14. Treater does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. Review of medical records does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, it has been 10 months from UR date of 12/04/14, and treater has not indicated how the patient is doing, and why he needs to continue. Given lack of documentation as required my guidelines, the request is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 63-.

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Soma 350mg #30. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Physical

examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Per treater report dated 11/18/14, patient is to remain off work. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Per progress report dated 02/04/14, treater provides a general statement that "patient notes functional improvement and pain relief with the adjunct of the medications." MTUS recommends Soma only for a short period. Soma was prescribed in progress report dated 02/04/14, which is 10 months from UR date of 12/04/14. Furthermore, the request for a quantity 30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Biofreeze gel 120gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Biofreeze® cryotherapy gel

Decision rationale: The patient presents with left hip, groin, low back and knee pain. The request is for Biofreeze gel 120gm. The patient is status post left total knee arthroplasty; left shoulder arthroscopy, subacromial decompression, with residuals; open left rotator cuff repair; and right foot bunionectomy; dates unspecified. Patient's diagnosis on 12/04/14 included right hip arthritis, rule out left hip degenerative joint disease versus internal derangement. Physical examination to the left hip on 11/06/14 revealed severe limitation in range of motion secondary to pain, and pain on flexion, internal and external rotation. Patient's medications include Norco, Ambien, Prilosec, Motrin, Soma and Biofreeze gel, which were prescribed in progress reports dated 02/04/14 and 11/06/14. Per treater report dated 11/18/14, patient is to remain off work. ODG-TWC, Low Back -Lumbar & Thoracic (Acute & Chronic) Chapter, Biofreeze cryotherapy gel: "Recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group." Treater requests medications "based on patient's degree of progress," per progress report 11/06/14. Per progress report dated 02/04/14, treater provides a general statement that "patient notes functional improvement and pain relief with the adjunct of the medications." Treater has not documented reason for the request nor stated what body part would be treated. Furthermore, the patient does not present with acute pain for which topical Biofreeze would be indicated. Therefore, the request for Biofreeze is not medically necessary.

