

Case Number:	CM15-0115546		
Date Assigned:	06/23/2015	Date of Injury:	11/17/2010
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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, Pain Management

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 33-year-old female, who sustained an industrial injury on 11/17/2010. Diagnoses include lumbago and low back pain. Treatment to date has included medications including Cyclobenzaprine and Norco chiropractic care, physical therapy, injections and psychotherapy. Per the Primary Treating Physician's Progress Report dated 5/20/2015, the injured worker reported lower back and right hip pain increased with walking and sitting. She also reported right leg pain. She rates her pain as 6/10 in intensity on a scale from 0-10. Physical examination revealed tenderness of the lumbar spine and facet joint with decreased flexion, extension and lateral bending. There was tenderness to the right and left sacroiliac joints. The plan of care included diagnostics and medications and authorization was requested for magnetic resonance imaging (MRI) of the right hip, Cyclobenzaprine 10mg, Norco 10/325mg, Tramadol 50mg and Morphine Sulfate IR 30mg.

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 Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, MRI.

Decision rationale: The CA MTUS & ACOEM do not address hip MRI. The Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging) state the following regarding hip MRI: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield, 2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) (Nelson, 2005) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010) 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)." In the case of this injured worker, the patient has had an x-ray of the right hip on 4/30/2015, which indicated possible impingement of the right hip. The ODG suggest plain x-rays as a first line imaging modality, and indication for MRI of the hip are to rule out osteonecrosis, tumors, suspected labral tear, or fractures. Within the submitted documentation, there was no suspicion for the above diagnosis. As such, this request is not medically necessary.

Cyclobenzaprine 10mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute

exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Morphine sulfate Ir 30mg Qty 540: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Morphine Sulfate immediate release), Chronic Pain Medical Treatment Guidelines state that Morphine IR is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is on 3 short acting opioid pain medications including Morphine sulfate IR, Norco, and Tramadol. There is no clear rationale provided as to why all these medications are needed and in such high quantity. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Morphine Sulfate immediate release) is not medically necessary.