

Case Number:	CM15-0060882		
Date Assigned:	04/07/2015	Date of Injury:	04/22/2014
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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:

The injured worker is a 26-year-old female who sustained an industrial injury on 04/22/14. Initial complaints and diagnoses are not available. Treatments to date include medications, ice, home exercise, program, a lumbar epidural steroid injection, lumbar corset, and chiropractic treatments. Diagnostic studies include a MRI of the pelvis and lumbar spine, nerve conduction studies, and x-rays. Current complaints include pain in the left buttock, hip, thigh, knee, and leg. In a progress note dated 01/21/15, the treating provider reports the plan of care as ice, pain management consultation, and gabapentin. The requested treatments are left greater trochanter bursa platelet rich plasma injection, lidocaine patches, and consult/treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Greater Trochanteric Bursa PRP Injection with Ultrasound Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, platelet rich plasma injections Hip and Pelvis chapter, under Platelet rich plasma injections.

Decision rationale: Based on the 03/10/15 progress report provided by treating physician, the patient presents with left hip pain rated 6-7/10. The request is for (L) GREATER TROCHANTERIC BURSA PRP INJECTION WITH ULTRASOUND GUIDANCE. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes greater trochanteric bursitis. Treatment to date included ice, home exercise, program, a lumbar epidural steroid injection, lumbar corset, chiropractic, and medications. The patient is to continue working modified duty, per treater report dated 03/24/15. ODG guidelines, pain chapter states the following regarding platelet rich plasma injections: "Not recommended for chronic pain except in a research setting." ODG Guidelines, Hip and Pelvis chapter, under Platelet rich plasma injections states: "Under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. (Sanchez, 2012) Little has been published regarding the use of platelet-rich plasma during total hiparthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty." Per treater report dated 03/10/15, the patient had ultrasound guided platelet rich plasma injection to the left greater trochanteric bursa on 02/26/15, and "the patient reports, however, that this injection provided her with significant improvement, but only temporary improvement of her left hip pain... I believe that this procedure will provide her with significant improvement that will last for quite some time." Physical examination of the left hip on 03/10/15 was unremarkable, revealing tenderness to palpation over the left greater trochanteric bursa, with reproduction of pain. Range of motion normal and symmetric. In this case, while this patient does present with chronic pain, such therapies are still under investigation and are not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request IS NOT medically necessary.

Lidocaine Patch 4 Percent (SIC) #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 03/10/15 progress report provided by treating physician, the patient presents with left hip pain rated 6-7/10. The request is for LIDOCAINE PATCH 4% (SIC) #10. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes greater trochanteric bursitis. Physical examination to the left hip on 03/10/15 revealed tenderness to palpation over the left greater trochanteric bursa, with reproduction of pain. Range of motion normal and symmetric. Treatment to date included ice, home exercise, program, a

lumbar epidural steroid injection, lumbar corset, chiropractic, and medications. The patient is to continue working modified duty, per treater report dated 03/24/15. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request, nor indicated area that would be treated, with what efficacy. It would appear that requested Lidocaine patches would be used for patient's hip pain. In this case, the patient's hip pain may be localized, but it is neither neuropathic nor peripheral in nature. Treater has not documented benefit from use of these patches, either. Furthermore, guidelines do not support the use of Lidocaine patches, unless there is neuropathic pain that is peripheral and localized. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Consult and Treat: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 03/10/15 progress report provided by treating physician, the patient presents with left hip pain rated 6-7/10. The request is for CONSULT AND TREAT. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes greater trochanteric bursitis. Physical examination to the left hip on 03/10/15 revealed tenderness to palpation over the left greater trochanteric bursa, with reproduction of pain. Range of motion normal and symmetric. Treatment to date included ice, home exercise, program, a lumbar epidural steroid injection, lumbar corset, chiropractic, and medications. The patient is to continue working modified duty, per treater report dated 03/24/15. ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. UR letter dated 03/24/15 states "...medical necessity in not established for treatment with left greater trochanter bursa PRP Injection... Therefore specialist consultation and treatment for this procedure is not medically necessary and is not recommended for certification." Per 02/11/15 progress report, treater plans pain management consultation and transfer of care to pain specialist. In this case, it would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the patient's condition, pain specialist consults and transfer would appear to benefit patient and be indicated by guidelines. Therefore, the request IS medically necessary.