

<b>Case Number:</b>	CM15-0067189		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 61 year old female patient who sustained an industrial injury on 02/27/2008. A follow up visit dated 03/13/2015 reported the patient status post revision of failed left total hip arthroplasty. There is some improvement of the hip pain with resolution of left hip audible crepitus. Of note, after surgery there was evidence of leg length discrepancy with left leg shorter and abnormal gait. She remains on a stable non-narcotic analgesic regimen. She continues to self-procure Lyrica for management of the chronic neuropathic pain. The diagnostic impression noted history of complex right hip surgery with residuals, status post right hip arthroplasty May 2009; complicated by dislocation of right acetabular cup requiring revision in January 2011. History of complex left hip surgery, status post left hip replacement in 2000; status post revision times two 2014. Post laminectomy pain syndrome; chronic lumbar radiculopathy, possible L3-4 nerve clumping, early arachnoiditis, and rule out common peroneal entrapment. The plan of care involved: recommending a soft tissue ultrasound, orthotics, home interferential unit trial and renew medications: Tizanidine, Arthrotec, Ultram, Amitiza, and Dexilant. A follow up visit dated 07/22/2014 reported the patient with subjective complaint of increasing back pain and left sciatic symptoms. The plan of care involved: encouraged to exercise in a warm pool, Lyrica not renewed, renew Tizanidine, Arthrotec, Ultram, Amitiza, and Dexilant. The patient will wean off the Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medication for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with left hip pain and left lateral knee pain radiating to the ankle. The patient is status post left total hip arthroplasty from 2014. The physician is requesting NAPROXEN SODIUM 500 mg #90. The RFA was not made available for review. Treatments to date include physical therapy and anti-inflammatories. The patient's work status was not made available. According to MTUS Guidelines page 22 on anti-inflammatory medication, anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The treatment report nor the RFA were provided. The physician has not provided medical rationale for this request. The utilization review dated 03/18/2015 denied the request stating, "there is no clear documentation provided on how long the patient has been taking NSAIDs, as long term use is not warranted." The medical record from 07/22/2014 to 04/04/2015 does not show a history of Naproxen use. The report dated 03/13/2015 shows restricted gait, severe pain over the fibular head with a positive Tinel's sign and mild hypoesthesia. The patient has a diagnosis of post laminectomy pain syndrome and a complex history of right and left hip surgery from 2009, 2011 and 2014. Given the patient's continued symptoms and diagnosis, Naproxen would appear to be indicated. The request IS medically necessary.

**Tizanidine 4mg #30 x 5 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** The patient presents with left hip pain and left lateral knee pain radiating to the ankle. The patient is status post left total hip arthroplasty from 2014. The physician is requesting TIZANIDINE 4MG #30 X 5 REFILLS. The RFA was not made available for review. Treatments to date include physical therapy and anti-inflammatories. The patient's work status was not made available. The MTUS Guidelines page 63 to 66 states, "Tizanidine -Zanaflex, generic available- is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must

be documented. Records show that the patient was prescribed Tizanidine on 07/22/2014. The utilization review dated 03/18/2015 modified the request to Tizanidine 4mg #30 with 1 refill. The 03/13/2015 treatment report notes that the patient "remains stable in non-narcotic analgesic regimen." Examination from this report shows that her gait remains restricted with evidence of leg length discrepancy. She has severe pain over the left fibular head with a positive Tinel's sign and mild hypoesthesia. In this case, the physician has noted benefit from the patient's current non-narcotic regimen and the request IS medically necessary.

**Orthotics for the left leg shortening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Orthotics Knee & Leg Chapter, Insoles.

**Decision rationale:** The patient presents with left hip pain and left lateral knee pain radiating to the ankle. The patient is status post left total hip arthroplasty from 2014. The physician is requesting ORTHOTICS FOR THE LEFT LEG SHORTENING. The RFA was not made available for review. Treatments to date include physical therapy and anti-inflammatories. The patient's work status was not made available. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." The 03/13/2015 report notes that the patient has developed signs and symptoms of common peroneal entrapment and left lateral ankle pain as a result of abnormal gait. The patient's diagnoses include a history of complex right and left hip surgery from 2009, 2011 and 2014, post laminotomy pain syndrome and R/O left common peroneal entrapment. The patient does not present with plantar fasciitis, plantar fasciosis, or heel spur syndrome. She does not have OA of the knee. No MRIs or X-ray reports were made available. In this case, the patient does not meet the criteria set forth by the MTUS/ACOEM and ODG Guidelines for orthotics. The request IS NOT medically necessary.

**Medrox 4fl oz #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with left hip pain and left lateral knee pain radiating to the ankle. The patient is status post left total hip arthroplasty from 2014. The physician is requesting MEDROX 4 FL OZ #120. The RFA was not made available for review. Treatments to date include physical therapy and anti-inflammatories. The patient's work status was not made available. The MTUS guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." Medrox ointment is a compounded topical analgesic containing menthol 5g in 100g, capsaicin 0.0375g in 100g and methyl salicylate 20g in 100g. MTUS states that for capsaicin, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The treatment report nor the RFA were made available. The physician has not provided a rationale for this request. The utilization review dated 03/18/2015 does not address this request. Review of medical records from 07/22/014 to 04/04/2015 does not show a history of Medrox use. The report dated 03/13/2015 shows restricted gait, severe pain over the fibular head with a positive Tinel's sign and mild hypoesthesia. The patient has a diagnosis of post laminectomy pain syndrome and a complex history of right and left hip surgery from 2009, 2011 and 2014. In this case, topical NSAIDs are only recommended for peripheral joint arthritis/tendinitis pain. This patient has hip problems for which topical NSAIDs are not recommended. Furthermore, capsaicin is not recommended above 0.025% concentration. Therefore, the request IS NOT medically necessary.