

Case Number:	CM15-0098421		
Date Assigned:	05/29/2015	Date of Injury:	12/05/2013
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 38-year-old female, who sustained an industrial injury, December 5, 2013. The injury was sustained when the injured worker was pulling a speaker out of a box and felt a pull in the lumbar spine. The injured worker previously received the following treatments 20 physical therapy, lumbar spine injections, Norco and Enteric Coated Naproxen. The injured worker was diagnosed with lumbalgia, lumbar spondylosis, sacroiliac joint dysfunction and trochanteric bursitis. According to progress note of April 13, 2015, the injured workers chief complaint was lumbar spine pain. The injured worker rated the pain at 8 out of 10. The pain was described as aching, dull and sharp. The duration of pain was intermittent, gone for two weeks at a time and then returning. The injured worker's pain radiates into the right hip a month ago, but not anymore. The pain was worse when climbing stairs and walking. The injured worker was independent with activities of daily living. The physical exam noted tenderness at the lumbar paraspinals trochanteric burse, sacroiliac joint, all worse on the right than the left. The facet loading was slightly positive bilaterally. The sensory exam was normal in the bilateral lower extremities. The motor strength was normal at 5 out of 5 in the bilateral lower extremities. The treatment plan included Voltaren gel and bilateral trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trochanteric Bursa 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 (ODG), Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip chapter and pg 20.

Decision rationale: According to the guidelines, intratrochanteric injections are indicated for bursitis but not osteoarthritis. In this case, the claimant had a diagnosis of bursitis. The was not a complete response to NSAIDs and therapy. The request for the Bursa injection above is not medically necessary.

Voltaren Gel 1 Percent QID #2 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 1 month refill is not indicated. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.