MAXIMUS Federal Services

Case Number:	CM14-0003022		
Date Assigned:	01/29/2014	Date of Injury:	09/02/2010
Decision Date:	08/04/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who has submitted a claim for rule out inguinal hernia, constipation most likely secondary to medications, rule out hypertension/hypertensive cardiovascular disease associated with an industrial injury date of September 2, 2010.Medical records from 2012-2013 were reviewed. The patient complained of right lower quadrant pain, grade 4/10 in severity. There was increased pain and pressure with exertion. The most recent physical examination of the abdomen showed no significant tenderness. A definite inguinal hernia cannot be palpated on either side. A computerized tomography (CT) scan of the abdomen and pelvis, dated December 4, 2013, revealed mildly prominent right inguinal ring, but no herniation of adipose tissue or bowel was seen. The treatment to date has included pain medications and activity modification. The utilization review, dated December 23, 2013, denied the request for a CT scan of the abdomen and pelvis with and without contrast, because ultrasound is the imaging modality of choice when necessary for groin and abdominal wall hernias. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations against CT of the abdomen and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized tomography (CT) scan of the abdomen and pelvis with and without contrast: 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), Treatment index, 11th Edition (2eb), 2013, Hernia Chapter, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging.

Decision rationale: The Official Disability Guidelines do not recommend imaging techniques such as MRI, computerized tomography (CT) scan, and ultrasound except in unusual situations. An ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands, a US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. A computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. In this case, the most recent physical examination showed a non-tender abdomen and a definite non-palpable inguinal hernia on both sides. A progress report dated November 13, 2013 state that because the physical examination findings were inconclusive regarding the presence of a hernia, the gold standard is CT scan of the abdomen and pelvis as recommended by the general surgeon and others. However, a CT scan of the abdomen and pelvis dated December 4, 2013 showed only a mildly prominent right inguinal ring, but no evidence of a hernia. The rationale of the requested CT scan was not clinically warranted as the guideline states that ultrasound can accurately diagnose groin hernias. A CT scan may be requested in unusual situations and where there is large, complex abdominal wall hernias in an obese patient. Based on the most recent progress report, dated November 13, 2013, the patient's body mass index (BMI) is 24.2, which is classified as normal. The medical necessity has not been established. There for the request is not medically necessary.

Norco 10/325mg #180, two (2) tablets by mouth three (3) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of medication Page(s): 75-78 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there are four (4) A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking opioids (Vicodin) as early as September 2011. The earliest record regarding the use of Norco was January 2013. The urine drug screening showed consistent results regarding opioid use. However, there was no indication of any pain relief, because the submitted progress reports showed that pain severity was always 4/10 at rest. In addition, specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no

documentation of any adverse effects. The guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.