

Case Number:	CM14-0152052		
Date Assigned:	09/22/2014	Date of Injury:	10/19/2010
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Interventional Spine 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 41 years old male with an injury date on 10/19/2010. Based on the 06/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right iliolumbar, iliohypogastric and/or genitofemoral neuralgia 2. Unspecific disorder of male genital organs 3. Inguinal hernia w/o mention of obstruction 4. Unspecific neuralgia neuritis and radiculitis 5. Abdominal pain; unspecified site. According to this report, the patient complains of chronic, severe right testicular pain. The patient reports "increased pain intensity and no change in distribution." Pain is rated at a 9/10 without medications, a 3/10 with medications, and current pain is a 4/10. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises." No side effects are associated with medications. Physical exam findings were within normal limits. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/25/2013 to 08/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 6 mg # 30: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien

Decision rationale: According to the 06/25/2014 report by [REDACTED] this patient presents with chronic, severe right testicular pain. The treater is requesting Ambien 6mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia, however, the treater is requesting Ambien 10mg #30. The treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.

Norco 10/325 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Pain Assessment , CRITERIA FOR USE OF OPIOIDS , Opioid for chronic.

Decision rationale: According to the 06/25/2014 report by [REDACTED] this patient presents with chronic, severe right testicular pain. The treater is requesting Norco 10/135 mg #90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain with and without medications and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Neurontin 300 mg, # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the 06/25/2014 report by [REDACTED] this patient presents with chronic, severe right testicular pain. The treater is requesting Neurontin 300mg #90. Neurotin was first noted in this report. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, ODG Guidelines recommend for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Review of reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises." Recommendation is for authorization.