

Case Number:	CM14-0034761		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2009
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 General Surgeon and is licensed to practice in Texas. 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:

This is a 58 year old male claimant who previously had a Left inguinal hernia repair prior to the industrial injury of 7/24/09. The claimant reported pain in the left groin pain while doing some lifting at work. The claimant was found to have a recurrent Left inguinal hernia which was repaired on 9/28/09. There was subsequent recurrent left groin pain for which reexploration of the left groin was performed 4/26/10. There is additional documentation that be 8/10/12 the claimant was again debilitated by the left groin pain such that he had been prescribed Fentanyl Patches, a high dose narcotic cutaneous patch. On 8/7/13 the claimant underwent a another exploration of the left groin excision of the prosthetic mesh. At that time a cosurgeon/ urologist examined the spermatic cord and its structures by operating microscope prior to left orchiectomy. Subsequent notes from 8/20/13 -3/06/14 reveals the claimant still had complaints of left groin pain and the possibility of phantom pain following orchiectomy was entertained. The surgeon then requested reexploration of the left groin with possible redo neurectomy as well as an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon for the Proposed Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fchp.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.cms.gov/Regulations-and-guidance/Guidance/Transmittals/downloads/R1620CP.pdf>.

Decision rationale: The claimant has had reexploration of the inguinal region with genital femoral and ilioinguinal nerve neurectomies as well as left orchiectomy under operating microscope by the urologist. Therefore the inguinal canal is devoid of any structures that would require a co-surgeon or assistant surgeon. The claimant has recently seen the urologist, and declined differential nerve block which may have helped to elucidate the pain generator. The claimant also declined neurontin which may have helped to discern if there is an element of neuropathic pain and/or phantom pain following his left orchiectomy. Therefore, an assistant surgeon or Urologist as cosurgeon is not medically necessary and remains not medically necessary.

Preoperative complete blood count (CBC) and comprehensive metabolic panel (CMP):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://guideline.gov>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Emedicine Medscape review article by Sharma et al, Pre-Operative Testing (available to the public on the Medscape Reference site).

Decision rationale: The procedure for which CBC and CMP are requested is an outpatient procedure with minimal blood loss anticipated. There is no history of anemia to warrant Complete Blood Count. The CMP (comprehensive metabolic panel) is not medically necessary as there is no documentation of any history of significant preexisting comorbidity to warrant such preoperative testing. Therefore, the request for Preoperative complete blood count (CBC) and comprehensive metabolic panel (CMP) is not medically necessary and appropriate.

Ketamine compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Pain, Topical analgesics, Compound drugs, Ketamine 2) Hernia, Post-herniorrhaphy Pain.

Decision rationale: The pain generator has not been identified. There is little medical literature to suggest Ketamine as a subcutaneous analgesic. Its topical or compounded use as a topical ingredient is not supported by Official Disability Guidelines (ODG). It has shown some benefit in

the treatment of neuropathic pain once all primary and secondary modalities have been exhausted. Without an identified pain generator and not having exhausted all other modalities, ketamine compound remains not medically necessary.