

Case Number:	CM14-0045260		
Date Assigned:	07/02/2014	Date of Injury:	11/20/2013
Decision Date:	09/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58-year-old male who reported an injury on 11/20/2013. The mechanism of injury involved heavy lifting. The current diagnoses include strain of the groin and adductor muscle of the upper leg, low back complaint, and testicular pain. The injured worker was evaluated on 01/14/2014. It is noted that the injured worker has been previously treated with physical therapy and the current medication regimen includes Ibuprofen. Physical examination on that date revealed tenderness over the inguinal area and adductor muscle on the left, significant pain in the left testicular region, a non-antalgic gait, tenderness over the lower lumbar paraspinal muscles, and limited lumbar range of motion. Treatment recommendations included continuation of the current medication regimen, physical therapy, a CT scan/MRI/ultrasound of the abdomen or testicular region, and a followup visit with the primary physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg injection: 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 Page 67-72 Page(s): 67-72..

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Hernia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 15 Aug 2014. Abdominal ultrasound is a type of imaging test. It is used to examine organs in the abdomen including the liver, gallbladder, spleen, pancreas, and kidneys. The blood vessels that lead to some of these organs can also be looked at with ultrasound. You may have this test to: - Find the cause of abdominal pain-Find the cause of kidney infections-Diagnose a hernia-Diagnose and monitor tumors and cancers-Diagnose or treat ascites-Learn why there is swelling of an abdominal organ-Look for damage after an injury-Look for stones in the gallbladder or kidney-Look for the cause of abnormal blood tests such as liver function tests or kidney tests-Look for the cause of a fever.

Decision rationale: According to the U.S. National Library of Medicine, an abdominal ultrasound may be indicated to examine organs in the abdomen including the liver, gallbladder, spleen, pancreas, and kidneys. The medical necessity for the requested procedure has not been established. It was also noted that it was unclear whether the injured worker had previously undergone an ultrasound of the abdomen. Based on the clinical information received, the request is not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, 77 and 89 Page(s): 43, 77 and 89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no indication that this injured worker is currently utilizing any opioid medication. There is also no mention of noncompliance or misuse of

medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. As the medical necessity has not been established, the request is not medically necessary.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 67-72 Page(s): Page 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.