

<b>Case Number:</b>	CM14-0047476		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

This is a 58-year-old male with a date of injury of 11/20/13. The patient was first evaluated at [REDACTED] on 12/6/13. The mechanism of injury was carrying a 100 pound bag of sand from the first floor to the third floor. The patient presented with tenderness at the left groin without any exam findings that were definitive for a hernia. The pain persisted, and a surgery consult was recommended. This was done, and the surgeon recommended a CT of the abdomen to rule out a hernia. The CT came back with no evidence for hernia. With this result, the surgeon recommended conservative measures including medications and therapy. Due to persistent symptoms, a referral to a pain/physical medicine and rehabilitation doctor was recommended. On 1/14/14, the patient changed primary treating physicians, and went from care at Kaiser to [REDACTED] Occupational Clinic. On this initial evaluation, the new primary treating physician noted the history suggestive of hernia, but also notes that there is no visual or palpatory evidence of hernia. He documents that he does not know if diagnostic testing has been done, and if any imaging has been done to rule out hernia, he requested that these be forwarded for review. Subsequent notes do not document that the prior abdominal CT was reviewed. The patient presented on 3/17/14 with 10/10 testicular pain and 3/10 back pain. Toradol, abdominal ultrasound, urinalysis, and Ibuprofen were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Toradol 60mg injection:** Overturned

**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 NSAIDS, page(s) 67-73 Page(s): 67-73. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Physician's Desk Reference, Online Edition, Ketoralac/Toradol.

**Decision rationale:** This medication is an injectable NSAID that the CA MTUS states is not indicated for minor or chronic painful conditions. The Physician's Desk Reference states that this injectable is indicated for short-term management of moderately severe acute pain that requires analgesia at the opioid level, usually in postoperative setting. In this case, the patient has persistent groin/testicular pain of unknown origin and presented with 10/10 report of subjective pain at follow-up when the Toradol injection was given. Use of this injectable NSAID for 10/10 pain was appropriate. Medical necessity of 1 Toradol 60 mg injection is established.

### **1 Abdominal ultrasound:** Upheld

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

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

**Decision rationale:** The CA MTUS and ACOEM are silent on diagnostic imaging for hernia. Therefore, consider ODG, which states that imaging is not recommended except in unusual cases, and when necessary both abdominal ultrasound and abdominal CT are acceptable choices when the diagnosis is unclear. In this case, the patient presented with history and symptoms suggestive of an inguinal hernia that was not corroborated by physical examination. The patient was referred to a general surgeon who ruled out hernia with an abdominal CT, and recommended conservative measures. Subsequently, the patient changed PTP, and the new PTP did not know what had already been ordered. Due to persistence of symptoms suggestive of hernia, an abdominal ultrasound was ordered, which was consequently negative for hernia. Given the prior surgical consult and examination as well as prior abdominal CT ruling out hernia, there was no medical necessity for an abdominal ultrasound.

### **1 Urine analysis:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78, 85, and 94 Page(s): 78, 85, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

**Decision rationale:** This is a patient with a history of severe pain, treated with pain medications including Tramadol. Guidelines clearly support ongoing use of urine drug screening/toxicology for the purpose of monitoring compliance, identifying undisclosed substances, and uncovering diversion of prescribed substances. For moderate risk patients, 2-3 tests per year are adequate. More frequent testing may be required for higher risk patients, or when there are inconsistencies. In this case, due to ongoing use of Tramadol, this UDS was appropriate. Medical necessity for urinalysis is established.

**1 prescription of Mentherm gel 120gm #1: Overturned**

**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(s): 105, 111-113.

**Decision rationale:** Mentherm is a topical cream that consists of Methyl Salicylate with Menthol. The California MTUS states that topical salicylates (such as Ben-Gay and Methyl Salicylate) are significantly better than placebo in chronic pain, and states that they are recommended. There are no medications in this topical agent that are not guideline supported. This patient has ongoing severe pain issues, and medical necessity of Mentherm is established.

**1 Prescription of Ibuprofen 800mg: Overturned**

**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 NSAIDS (non-steroidal anti-inflammatory drugs), page(s) 67-73 Page(s): 67-73.

**Decision rationale:** While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of NSAIDS for orthopedic conditions. Ibuprofen is guideline supported for mild to moderate pain, and is a good non-opioid option to achieve pain control. This patient presented with severe 10/10 groin pain, and use of Ibuprofen rather than significant escalation of opioid pain medications is an appropriate step. Medical necessity of Ibuprofen is established.