

Case Number:	CM14-0099345		
Date Assigned:	07/28/2014	Date of Injury:	10/19/2010
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management 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 injured worker is a 41-year-old-male sustained an industrial injury on 10/19/2010. The injured worker was Tire Sales Manager at [REDACTED] and he developed a melon size mass in the scrotum. His chief complaint is chronic, severe testicular pain. He continued to have severe pain in the right inguinal region causing him to walk with a limp. He cannot sit for prolonged periods of time. He has continuous, exquisite pain that he rates a 9 to 10 on a scale of 10. He was diagnosed with unspecified disorder of male genital organs, inguinal hernia with out mention, unspecified neuralgia neuritis, and abdominal pain. He is to continue with conservative treatment to include home exercise program, moist heat, and stretches. His current medications are Norco 10-325 mg tabs 1 by mouth three times a day as needed for pain, Neurontin 300 mg caps 1 by mouth three times a day as needed for neuropathic pain, Ambien 5 mg tabs 1 by mouth at bedtime as needed for insomnia. Diagnosis are status post right inguinal hernia repair, status-operative right inguinal pain, status post right inguinal exploration x2, and status post left inguinal hernia repair. He is recommended for urological consult, pain management, and physical therapy. The requests for Ambien 5mg #30 and Norco 10/325 mg were denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not address the issue in dispute and hence the Official Disability Guidelines have been consulted. As per the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. There is no documentation of any significant improvement in sleep or function with continuous use of this medication. Thus, the request is not medically necessary and is non-certified according to guidelines.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 34.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain with prior use. There is no documentation of a urine drug screen to monitor compliance with opioids. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and available medical records.