

<b>Case Number:</b>	CM15-0004043		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old male who reported an injury on 09/14/2012. The injured worker was reportedly stepping out of his truck when he twisted his right lower extremity after hitting the steering column. The current diagnoses include inguinal hernia and abdominal/flank/groin pain. The injured worker presented on 12/16/2014. It is noted that the injured worker was status post surgery to correct hydrocele. The injured worker reported anterior thigh pain, numbness, and weakness. It was also noted that the injured worker was status post diagnostic nerve block, which provided 3 hours of symptom relief. The current medication regimen includes Norco 10/325 mg, Tylenol 325 mg, Advil 200 mg, and aspirin 81 mg. The injured worker underwent groin surgery on 09/14/2012 and right total reconstructive surgery on 08/13/2012. Upon examination, there was limited lumbar range of motion, pain in all planes due to stretch of the lower abdominal and pelvic muscles, 4+/5 right quadriceps weakness, hypersensitivity along the right groin, negative fabere testing, and tenderness to palpation. Recommendations at that time included continuation of the current medication regimen. The injured worker was also instructed to continue with the home exercise program. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60:** 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(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since 01/2013. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.