

Case Number:	CM15-0108433		
Date Assigned:	06/15/2015	Date of Injury:	02/03/2014
Decision Date:	08/25/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona

Certification(s)/Specialty: Surgery

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 was a 49 year old male, who sustained an industrial injury, February 3, 2014. The injury occurred when the injured worker was unloading a truck, which caused a periumbilical hernia. The injured worker previously received the following treatments Prilosec, Norco and CT scan of the abdomen and pelvis. The injured worker was diagnosed with probable recurrent periumbilical hernia and left inguinal hernia. According to progress note of May 21, 2015, the injured workers chief complaint was the injured worker was complaining of hernia pain. The pain was described as constant, burning and aching. The pain was rated at 6 out of 10, with the worst pain at 9 out of 10. The pain radiated into the back at times. The physical exam noted the abdomen to be soft and flat. There was tenderness in the left and right lower quadrants. At Valsalva there was a bulge in the left inguinal canal. The treatment plan included medical clearance, chest x-ray and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance (between 5/21/15 and 7/26/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative evaluation and preparation for anesthesia and surgery. Hippokratia. 2007 Jan-Mar; 11(1): 13-21.

Decision rationale: The ultimate goals of preoperative medical assessment are to reduce the patient's surgical and anesthetic peri-operative morbidity or mortality, and to return him to desirable functioning as quickly as possible. It is imperative to realize that "peri-operative" risk is multifactorial and a function of the preoperative medical condition of the patient, the invasiveness of the surgical procedure and the type of anesthetic administered. A history and physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the patient's functional capacity, are essential to any preoperative evaluation. Laboratory investigations should be ordered only when indicated by the patient's medical status, drug therapy, or the nature of the proposed procedure and not on a routine basis. Persons without concomitant medical problems may need little more than a quick medical review. The history is the most important component of the preoperative evaluation. The history should include a past and current medical history, a surgical history, a family history, a social history (use of tobacco, alcohol and illegal drugs), a history of allergies, current and recent drug therapy, unusual reactions or responses to drugs and any problems or complications associated with previous anesthetics. A family history of adverse reactions associated with anesthesia should also be obtained. The physical examination should build on the information gathered during the history. At a minimum, a focused pre-anesthesia physical examination includes an assessment of the airway, lungs and heart, with documentation of vital signs. Unexpected abnormal findings on the physical examination should be investigated before elective surgery. The preoperative medical clearance is found to be medically necessary and appropriate and the prior utilization review is overturned based on the above.

Chest Xray (between 5/21/15 and 7/26/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chest Radiography; American College of Physicians, Medical Specialty Society, 2006, 6 pgs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. <http://www.guideline.gov/content.aspx?id=35150> From the National Guideline Clearinghouse by the US Dept of Health & Human Services.

Decision rationale: The conclusion was that the preoperative chest radiograph did not influence the decision to operate or the choice of anesthetic. Another study evaluated the usefulness of preoperative chest radiographs in 905 patients based on risk factors including history of malignancy, recent history of smoking, exposure to toxic chemicals, or signs and symptoms of recent infection. It was concluded that a group of patients does exist for whom preoperative chest radiographs will predictably demonstrate no serious abnormalities and that this low-risk

population constitutes the majority of the surgical population. A separate study evaluated the utility of preoperative chest radiographs in 3,883 patients and found that routine preoperative chest radiographs could be eliminated without undesirable effects on patient care or outcome. In a study of 1,000 patients, the recommendation was that preoperative chest radiographs should only be ordered when there is a cardiopulmonary abnormality suspected on the basis of the history and physical examination. The study emphasized that preoperative chest radiographs should not be routine in any age group. It has been shown that there is insufficient diagnostic yield to warrant the use of non-indicated chest radiography as part of a routine physical examination. Especially in a healthy population, screening chest radiographs have a high cost-benefit ratio. The benefit is no better for patients scheduled for surgery. An operation, per se, does not constitute a risk factor requiring chest radiographs. Given the current evidence, routine preoperative and admission chest radiographs are not recommended except when the following conditions exist: Acute cardiopulmonary disease is suspected on the basis of history and physical examination. There is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Therefore, in this 49 year old male who does smoke and is obese with a BMI 33.1, there is no indication based on the above guidelines for preoperative chest x-ray. This is not medically necessary.

Norco 10 mg Qty 60 (between 5/21/15 and 7/26/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines. Criteria for use of opioids Page(s): 77.

Decision rationale: This 49 year old male with pain secondary to a recurrent umbilical hernia and an inguinal hernia has been on Norco in the past. However, his 2 most recent office visit notes from 5/2015 and 6/2015 state that he is not on any medications. The MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no documentation that he has recently been tried on any non-opioid analgesics. For the above reason, the norco prescription is not medically necessary until there has been documentation of a failed trial of non-opioid analgesics.