

<b>Case Number:</b>	CM15-0133581		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old male, who sustained an industrial injury on December 13, 2012. The injured worker has complaints of right inguinal pain. The documentation noted that the injured worker had 2+ to 3+ tenderness in the right inguinal region and both testicles were descended into the scrotal sac. The documentation noted that in 2007 the injured worker underwent an open left inguinal hernia repair. The diagnoses have included postoperative right inguinal pain following open right inguinal herniorrhaphy with mesh; status post bilateral open inguinal hernia repairs and status post open left recurrent inguinal hernia repair. Treatment to date has included bilateral open inguinal herniorrhaphies; norco; motrin and prilosec. The request was for pain management with doctor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management with Doctor: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician: Inguinal Hernias. Am Fam Physician. 2013 Jun 15; 87 (12): 844-848 and on the Non-MTUS Long-term complications of mesh repairs for abdominal-wall hernias. J Long Term Eff Med Implants. 2011; 21 (3): 205-18.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has issues causing a long and chronic pain scenario, however, imaging and physical therapy are pending. In chronic pain cases it is often reasonable to seek assistance from a chronic pain specialist to ensure a single point of care with respect to treatment modalities, specifically opioid pain medications. Given the complexity of the patient's history, consultation with a pain management specialist may be appropriate if the patient fails conservative treatment and is clearly recognized as being non-operative. In the opinion of this reviewer, the request for pain management consultation is not yet warranted, however, approval may be considered medically appropriate with further indications, imaging, etc. Therefore the initial request is not medically necessary at this time.