

Case Number:	CM15-0032017		
Date Assigned:	02/25/2015	Date of Injury:	05/14/2013
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 51 year old male patient, who sustained an industrial injury on 05/14/2013. The diagnosis includes abdominal pain. He sustained the injury while removing old and heavy structure during some demolition of an old fireplace. Per the primary treating office visit dated 11/12/2014 he had complaint of left sided abdominal pain. His activity is unchanged and sedentary. The physical examination of the abdomen revealed allodynia and left side incision line. He is not taking medications for pain. He has undergone laproscopic abdominal hernia repair and right inguinal hernia repair on 10/28/2013; left inguinal hernia repair with a mesh and extra large mesh plug on 12/18/2013. A request was made for scar cream, transdermal compound and a scar injection to abdominal incision. On 01/26/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, topical Analgesia, ODG, Hernia Chapter, Post-herniorrhaphy, were cited. On 02/20/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar Injection to Abdominal Incision Scar Performed on 11/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Post-Herniorrhaphy Pain Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hernia (updated 12/03/14) Post-herniorrhaphy pain syndrome.

Decision rationale: Scar Injection to Abdominal Incision Scar Performed on 11/12/2014. Per the cited guidelines regarding treatment of post herniorrhaphy pain syndrome "The frequency of chronic pain after inguinal hernia repair may be high, including inguinal nerve damage. Chronic pain is reported less often after laparoscopic and mesh repairs." (Poobalan, 2003) Chronic pain following hernia repair is common and diverse in etiology but may allow for a classification contributing to the development of tailored treatment regimens. In this study moderate to severe pain was present in 11.9% of patients. Of those, three separate groups of diagnoses were identified: (1) neuropathic pain (49% of chronic pain patients) indicating inguinal nerve damage; (2) non-neuropathic pain (27%) due to an array of diagnoses including periostitis (12%) and recurrent hernia (9%); & (3) a tender spermatic cord and/or a tight feeling in the lower abdomen (29%). Treatment needs to be based on the cause. For the most common cause, neuropathic pain, see Antidepressants for neuropathic pain and Antiepilepsy drugs. (Loos, 2007) See also other sections of the Pain Chapter for other procedures used for chronic pain. Also see Ilioinguinal nerve ablation, which is recommended as an option in persistent groin pain post hernia repair. Response to antidepressant and anti convulsant for this pain was not specified in the records provided. Response to NSAIDs or low potency opioids like tramadol for pain was not specified in the records provided. The medical necessity of Scar Injection to Abdominal Incision Scar Performed on 11/12/2014 was not fully established for this patient at that time.

Scar Cream- Transdermal Compound Medication Performed on 11/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Scar Cream-Transdermal Compound Medication Performed on 11/12/2014 Per the records patient was prescribed compound cream. Contents of the cream is not specified in the records provided. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as

there is no evidence to support use."The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Detailed contents of this cream was not specified in the records provided. The medical necessity of Scar Cream- Transdermal Compound Medication Performed on 11/12/2014 was not fully established for this patient.