

Case Number:	CM15-0052553		
Date Assigned:	03/26/2015	Date of Injury:	04/06/2000
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 58-year-old male who sustained an industrial injury on 04/06/2000. Diagnoses include chronic abdominal pain, status post bilateral inguinal hernia repair with continued bilateral groin pain right greater than left, status post right hernia repair revision, neurolysis, and orchiectomy, status post several neurectomies with exploration and removal of mesh, depression/anxiety, hypogonadism, and medication induced gastritis. Treatment to date has included multiple surgeries, diagnostics, medications, and office visits. Current medications include hydrocodone/acetaminophen, hydromorphone, and neurontin. The injured worker had a previous computed tomography (CT) scan of the abdomen and pelvis on 10/20/09 that showed calcification around the pancreas and colonic diverticulosis. Subsequent CT scan of the abdomen and pelvis on 8/18/13 showed minimal fat stranding and soft tissue thickening which is likely chronic in the right inguinal surgical bed with no evidence of recurrent right inguinal hernia or evidence of acute infection, and chronic pancreatitis with evidence of adjacent secondary sclerosing mesenteritis. A surgical consultant on 10/21/14 and another CT scan of the abdomen saw the injured worker and pelvis was ordered. The results of this study were not provided; however, the documentation from the ED visit on 11/22/14 notes that the scan was performed and the images were submitted to the surgery clinic. The injured worker was seen in the emergency department (ED) on 11/22/14, 11/24/14, 11/30/14, 12/2/14, and 12/5/14 for abdominal/pelvic/groin pain. Laboratory studies performed at the 11/22/14 ED visit included a complete blood count (CBC) and comprehensive metabolic panel (CMP). Hemoglobin, hematocrit, white blood cell count, and glucose were elevated. At the ED visit on 11/30/14, the

injured worker reported chronic right groin pain, which was worsening; it was described as constant and moderate. He denied nausea, vomiting, diarrhea, fever, or chills. Examination showed stable vital signs; the injured worker was noted to be afebrile; the abdomen to be soft, with moderate right lower tenderness, no rebound or guarding, and positive bowel sounds. Computed tomography scan of the abdomen and pelvis on 11/30/14 showed a stable elongated calcified mass along the anterior pancreas and mesenteric root, which may be related to sclerosing mesenteric changes, and scar-like changes in the right inguinal region; no acute intra-abdominal abnormality was demonstrated. He received a dose of intravenous dilaudid. No results of laboratory tests performed at the 11/30/14 ED visit were submitted. There was no discussion or documentation of administration of additional medication. At a visit on 2/16/15, the injured worker reported severe and debilitating pain in his right groin. Examination showed well-healed scar in the right groin with mild mottling or vasomotor changes, hypersensitivity and tenderness to light touch, no obvious palpable hernias, and absent right testicle consistent with his prior orchiectomy. On 3/10/15, Utilization Review (UR) non-certified requests for Retrospective date of service: 11/30/14 CBC quantity: 1.00, Retrospective date of service: 11/30/14 CMP quantity: 1.00, Retrospective date of service: 11/30/14 CT abdomen/pelvis quantity: 1.00, Retrospective date of service: 11/30/14 Ondansetron 4mg/2ml injection quantity: 1.00, Retrospective date of service: 11/30/14 PT/PTT quantity: 1.00, Retrospective date of service: 11/30/14 amylase level quantity: 1.00, and Retrospective date of service: 11/30/14 lipase level quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective date of service: 11/30/14 Ondansetron 4mg/2ml injection quantity: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 2009, page 1688.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: antiemetics.

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Ondansetron (Zofran) is FDA approved for nausea caused by chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. At the ED visit of 11/30/14, the injured worker denied nausea and vomiting. The necessary indications are not present per the available guidelines and evidence and the request for ondansetron is not medically necessary.

Retrospective date of service: 11/30/14 CT abdomen/pelvis quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Compensation (ODG-TWC) Integrated Treatment/Disability Duration Guidelines, hernia (updated 12/03/14), imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hernia chapter: imaging and Other Medical Treatment Guidelines UpToDate: Diagnostic approach to abdominal pain in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker has a history of chronic abdominal and groin pain with prior hernia repairs and re-exploration. The ODG notes that imaging for hernia with MRIs, CT scan, and ultrasound are unnecessary and not recommended except in unusual situations. CT may have a place with large complex abdominal wall hernias in obese patients, which is not the case for this injured worker. Abdominal imaging is indicated in patients over 50 years of age with chronic abdominal pain due to increased risk of malignancy, and in certain cases with features that suggest an organic etiology of the pain. In this case, the injured worker has undergone multiple CT scans of the abdomen and pelvis. The documentation indicates that a CT scan of the abdomen and pelvis had been performed within the last 1-2 weeks; however, the results of this test were not submitted or discussed. This test is not medically necessary per the cited guideline and because the treating physician did not address the medical necessity of repeating the imaging in this timeframe, including the prior test results.

Retrospective date of service: 11/30/14 CBC quantity: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment labs Page(s): 23, 64, 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Diagnostic approach to abdominal pain in adults. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: The documentation submitted suggests that the requested CBC was related to the ED visit of 11/30/14 for groin pain in the setting of chronic abdominal and groin pain. The citation given notes certain laboratory measurements that should be performed in most patients with chronic abdominal pain, including a CBC. This injured worker had a recent CBC performed on 11/22/14, which showed an elevated hemoglobin, hematocrit, and white blood cell count. The documentation indicates worsening pain. Due to the recommendation for measurement of a CBC in the setting of chronic abdominal pain, as well as abnormal findings on recent CBC and worsening pain, the request for CBC is medically necessary.

Retrospective date of service: 11/30/14 PT/PTT quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment labs Page(s): 23, 64, 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Clinical use of coagulation tests. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015. Up-To-Date: Approach to the adult patient with a bleeding diathesis. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: Tests of blood coagulation include the prothrombin time (PT) and partial thromboplastin time (PTT). These tests are part of the clinical evaluation of a patient with a bleeding disorder. Such a disorder may be manifest as acute bleeding, anemia, and bleeding following surgical procedures. In this case, the injured worker presented with chronic abdominal and groin pain. There was no documentation of bleeding or anemia. The treating physician did not discuss the reason for ordering tests of blood coagulation. Due to lack of specific indication, the request for PT and PTT is not medically necessary.

Retrospective date of service: 11/30/14 CMP quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment labs Page(s): 23, 64, 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Diagnostic approach to abdominal pain in adults. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: The documentation submitted suggests that the requested CMP was related to the ED visit of 11/30/14 for groin pain in the setting of chronic abdominal and groin pain. The citation given notes certain laboratory measurements that should be performed in most patients with chronic abdominal pain, including measurement of electrolytes, blood urea nitrogen, glucose, calcium, aminotransferases, alkaline phosphatase, and bilirubin (components of a CMP). This injured worker had a recent CMP performed on 11/22/14, which was normal with the exception of a slightly elevated glucose level. The treating physician did not address the prior test results or provide a reason for repeating the CMP in this timeframe. Due to recent unremarkable CMP and lack of indication for repeating this test, the request for CMP is not medically necessary.

Retrospective date of service: 11/30/14 amylase level quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment labs Page(s): 23, 64, 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Clinical manifestations and diagnosis of chronic pancreatitis in adults. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: Serum amylase and lipase are common tests obtained as biochemical markers for acute pancreatitis. Serum concentrations of amylase and lipase may be slightly

elevated in patients with chronic pancreatitis, but are more commonly normal. Thus, serum measurements of amylase and lipase should be reserved only for the diagnosis of acute pancreatitis and not chronic pancreatitis where they are neither diagnostic nor prognostic. This injured worker had chronic abdominal and groin pain, with findings on prior CT scan of the abdomen suggestive of chronic pancreatitis. As measurement of amylase and lipase is usually normal in the setting of chronic pancreatitis, and are not diagnostic or prognostic for chronic pancreatitis, the request for amylase level is not medically necessary.

Retrospective date of service: 11/30/14 lipase level quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment labs Page(s): 23, 64, 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Clinical manifestations and diagnosis of chronic pancreatitis in adults. In Up-To-Date, edited by Ted. W. Post published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: Serum amylase and lipase are common tests obtained as biochemical markers for acute pancreatitis. Serum concentrations of amylase and lipase may be slightly elevated in patients with chronic pancreatitis, but are more commonly normal. Thus, serum measurements of amylase and lipase should be reserved only for the diagnosis of acute pancreatitis and not chronic pancreatitis where they are neither diagnostic nor prognostic. This injured worker had chronic abdominal and groin pain, with findings on prior CT scan of the abdomen suggestive of chronic pancreatitis. As measurement of amylase and lipase is usually normal in the setting of chronic pancreatitis, and are not diagnostic or prognostic for chronic pancreatitis, the request for lipase level is not medically necessary.