MAXIMUS Federal Services

Case Number:	CM14-0142475		
Date Assigned:	09/10/2014	Date of Injury:	10/08/2010
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 10/08/2010. The mechanism of injury was not submitted for clinical review. The diagnosis included left inguinal hernia. The previous treatments included medication and surgery. Within the clinical note dated 09/05/2013, it was reported the injured worker complained of a burning sensation. On physical examination, the provider noted the injured worker had a well healed left surgical scar of the inguinal hernia with no burning pain to the site. The injured worker complained of concurrent back injury. The request submitted is for Desipramine, hydrocodone/acetaminophen, and referral to an unspecified specialty physician with inguinal nerve injection using local and steroid. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desipramine 50mg #60, per 08/05/14 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13..

Decision rationale: The request for Desipramine 50 mg #60 per 08/05/14 form is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The clinical documentation submitted did not indicate the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of significant updated clinical documentation warranting the medical necessity for the request. Therefore, the request is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #90, per 08/05/14 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids; Opioids,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78..

Decision rationale: The request for hydrocodone/acetaminophen 10/325 mg #90 per 08/05/14 form is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. The clinical documentation submitted lacked significant updated clinical documentation warranting the medical necessity for the request. Therefore, the request is not medically necessary.

Referral to unspecified specialty physician with inguinal nerve injection using local andsteroid, per 08/05/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for referral to an unspecified specialty physician with inguinal nerve injection using local and steroid per 08/05/14 request is not medically necessary. The American College of Occupational and Environmental Medicine states that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is a lack of clinical documentation submitted with an updated physical examination warranting the medical necessity for the request. The request submitted failed to provide a specialty for the consultation. Therefore, the request is not medically necessary.