

Case Number:	CM15-0077442		
Date Assigned:	04/29/2015	Date of Injury:	10/19/2010
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 10/19/10 after lifting a fifty gallon oil drum resulting in pain, bulging and scrotal swelling. He underwent several surgeries with relief of symptoms for several weeks and nerve injections offering symptoms relief for several hours. He currently complains of chronic, severe right testicular pain. His appetite and sleep patterns are disturbed due to stress. His pain level is 4/10 with medications and 8/10 without medications. Medications are Ambien, Norco, and Neurontin. His medications keep him functional allowing for increased mobility and tolerance of activities of daily living and home exercise. Diagnoses include disorder of male genitalia; right inguinal hernia, status post repair (2010); neuralgia, neuritis and radiculitis; abdominal pain. In the progress note dated 3/19/15 the treating provider's plan of care requests renewal of Norco as it helps the injured worker perform activities of daily living, improves affect and overall quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case discuss severe pain causing a notably antalgic and cautious gait due to orchalgia status post hernia surgery, with both neuroopathic and nociceptive pain of a magnitude and etiology such that orchiectomy has been considered a treatment option if pharmacological treatment fails. The nature and magnitude of this pain is thus an outlier among chronic pain patients and the 4 As of opioid management have been met. This request is medically necessary.