

Case Number:	CM17-0010420		
Date Assigned:	01/20/2017	Date of Injury:	10/12/2016
Decision Date:	02/17/2017	UR Denial Date:	12/21/2016
Priority:	Standard	Application Received:	01/16/2017

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

Certification(s)/Specialty: Surgery

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 case involves a now 59-year-old male with a history of an occupational claim from 10/12/2016. The mechanism of injury is detailed as lifting heavy boxes. The patient's current diagnosis is documented as umbilical hernia without obstruction or gangrene. On 12/13/2016, the patient presented with constant achy 8/10 pain to the umbilical area. On physical examination, the abdomen was soft to palpation, with tenderness to the umbilicus. There was a reducible umbilical hernia on physical examination. The treatment plan included scheduling laparoscopic versus open umbilical hernia repair, and preoperative medical clearance. The provider requested a preoperative chest x-ray, preoperative labs including CBC, CMP, PT/PTT, a pre-operative urinalysis, postoperative Norco 5/325 mg #60, 1-2 tabs orally every 4-6 hours as needed, and postoperative Colace 100 mg #60, 1 tablet by mouth as needed. The request for authorization form was signed on 12/14/2016. The request had been previously denied on 12/21/2016. The rationale for the denial included preoperative procedures and lab work not being recommended for minor procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Thoracic chapter (Acute & Chronic), Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, preoperative testing, general.

Decision rationale: Regarding preoperative chest x-rays, the California MTUS and ACOEM do not address, so the Official Disability Guidelines were cited. The guidelines indicate that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Based on the patient's age and comorbid conditions to include hypertension, obesity, and hyperlipidemia, preoperative testing to include chest x-ray, CBC, and CMP would be appropriate prior to abdominal surgery under general anesthesia. Therefore, the request is medically necessary.

Pre-op labs: CBC: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Thoracic chapter (Acute & Chronic): Preoperative lab testing and Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Regarding preoperative labs, the California MTUS and ACOEM do not address, so the Official Disability Guidelines were cited. The guidelines indicate that a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Based on the patient's age and comorbid conditions to include hypertension, obesity, and hyperlipidemia, preoperative testing to include chest x-ray, CBC, and CMP would be appropriate prior to abdominal surgery under general anesthesia. Therefore, the request is medically necessary.

Pre-op labs: CMP: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Thoracic chapter (Acute & Chronic): Preoperative lab testing and Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Regarding preoperative labs, the California MTUS and ACOEM do not address, so the Official Disability Guidelines were cited. The guidelines indicate a comprehensive metabolic panel including electrolytes and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose electrolyte abnormalities or renal failure. Preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Based on the patient's age and comorbid conditions to include hypertension, obesity, and hyperlipidemia, preoperative testing to include chest x-ray, CBC, and CMP would be appropriate prior to abdominal surgery under general anesthesia. Therefore, the request is medically necessary.

Pre-op labs: PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Thoracic chapter (Acute & Chronic): Preoperative lab testing and Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Regarding preoperative labs, the California MTUS and ACOEM do not address, so the Official Disability Guidelines were cited. The guidelines indicate coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose him to bleeding, and for those taking anticoagulants. In the documentation submitted for review, there is no indication that the patient has a history of bleeding or a medical condition that may increase perioperative bleeding. Additionally, there was no documentation submitted that the patient was currently on anti-coagulant therapy. Therefore, given the above, the request for preoperative PT/PTT is not medically necessary.

Pre-op urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Thoracic chapter (Acute & Chronic): Preoperative lab testing and Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Regarding preoperative urinalysis, the California MTUS and ACOEM do not address, so the Official Disability Guidelines were cited. The guidelines state that preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Based on the request for authorization form dated 12/14/2016, the hernia repair includes the implantation of mesh. Therefore, given the above, the request for a preoperative urinalysis is medically necessary.

Post-op Norco 5/325mg #60, 1-2 tabs orally every 4-6 hrs as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 1.4 Opioids for Acute Pain: Opioids for Post-operative Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (online version): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 1.4 Opioids for Acute Pain: Opioids for Post-operative Pain.

Decision rationale: The California MTUS 2016 Opioid Guidelines recommend opioid use for limited duration for postoperative pain management. Non-opioid medications such as nonsteroidal anti-inflammatory drugs and acetaminophen should be prescribed along with opioid medications, and ongoing assessment should be performed on patients receiving opioid therapy. Opioid use should not be extended beyond 2-3 weeks for less extensive procedures. Given that the medication is being prescribed in the immediate postoperative time period, the request for postoperative Norco 5/325 mg #60, 1-2 tabs orally every 4-6 hours as needed is medically necessary.

Post-op Colace 100mg #60, 1 tablet by mouth as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Opioid-induced constipation treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (online version): Opioid-induced constipation treatment (OIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Opioid-induced constipation treatment.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend laxatives for opioid-induced constipation treatment if an opioid will be needed for more than a few days. Simple treatments can also include increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a fiber rich diet. Given that the patient is to undergo hernia repair, a laxative would benefit the patient in the immediate postoperative phase when opioid medication will be utilized for pain control. Therefore, the request for postoperative Colace 100 mg #60 one tablet by mouth as needed is medically necessary.