MAXIMUS Federal Services

Case Number:	CM13-0024621		
Date Assigned:	11/20/2013	Date of Injury:	06/20/2003
Decision Date:	01/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 patient is a 43-year-old male who reported an injury on 06/20/2003. The patient is currently diagnosed with lumbar region injury, status post surgical intervention, pain in the lower back, and chronic pain. The patient was seen by [redacted] on 09/06/2013. The patient complained of 7/10 lower back pain. Physical examination revealed decreased range of motion and tenderness to palpation and hypertonicity. Treatment recommendations included a paraffin bath and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing recommendation and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has been utilizing this medication since at least 01/18/2013. The patient continues to report 7/10 lower back pain. The patient also continues to demonstrate

tenderness to palpation, hypertonicity, and decreased range of motion. Satisfactory response to treatment has not been indicated by the patient's decrease in pain, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

One (1) paraffin bath for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & Hand Chapter.

Decision rationale: Official Disability Guidelines state paraffin wax baths are recommended as an option for arthritis, if used as an adjunct to a program of evidence based conservative care, including exercise. Official Disability Guidelines do not support paraffin wax bath for the lumbar spine. Without guideline recommendations, this request cannot be determined as medically appropriate. Additionally, the patient was administered a paraffin bath for the lumbar spine 08/23/2013. The patient presented for a follow-up on 09/06/2013 with continued complaints of 7/10 pain and continued demonstration of tenderness to palpation, hypertonicity, and decreased range of motion. Documentation of functional improvement following the paraffin bath was not provided. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.