

Case Number:	CM13-0047526		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2012
Decision Date:	02/28/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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 patient is a 43-year-old male who reported an injury on 06/08/2012. The patient is diagnosed with L4-5 lumbar disc bulge with annular tear and bilateral L4 radiculopathy. The patient was seen by [REDACTED] on 09/13/2013. The patient reported persistent lower back pain. Physical examination revealed limited range of motion with tenderness to palpation and positive straight leg raising bilaterally. Treatment recommendations included continuation of acupuncture treatment as well as physical therapy and current medications including tramadol and Biotherm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram 50mg #60 for DOS 9/13/2013: Upheld

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

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 review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient had continuously utilized this medication. Satisfactory response to treatment was not indicated by a decrease in pain level, increase in function, or improved quality of life. The patient continued to report persistent lower back pain. There was no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Retrospective Bio-Therm 4oz for DOS 9/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to indication of a topical analgesic. The patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. Based on the clinical information received, the request is non-certified.