

Case Number:	CM14-0198881		
Date Assigned:	12/05/2014	Date of Injury:	03/07/2012
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work-related injury on March 7, 2012. Subsequently, the patient developed a chronic low back pain. The patient MRI of her lumbar spine performed on 2015 demonstrated a right acute L5-S1 disc herniation and degenerative disc disease. According to a progress report dated on April 15, 2014, the patient was complaining of ongoing back pain which the patient was treated with the topical analgesics and pain medications without pain control. The patient was also treated with physical therapy without full pain control. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raise and antalgic gait. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): (s), 79-81, 94.

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

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Ultram could be used if exacerbation of pain after or during the weaning process. There no clear and recent documentation of recent pain intensity or the recent use of first line pain medications. Therefore Tramadol 50mg quantity 90 is not medically necessary at this time.

Paraffin bath for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paraffin Wax Baths, <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Paraffin wax baths; Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002). There is no clinical evidence that the patient is suffering from hand arthritis or any evidence a combined exercise program is scheduled. Therefore the request is nor medically necessary