

Case Number:	CM14-0157051		
Date Assigned:	09/30/2014	Date of Injury:	04/04/2014
Decision Date:	12/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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 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:

This individual is a 34 year old male who has developed chronic low back pain subsequent to an injury dated 4/3/14. He eventually underwent MRI scanning which revealed an L5-S1 retrolithesis and nerve root compression. He has been treated with extensive physical therapy and chiropractic therapy. He is intolerant of oral muscle relaxants and NSAID's. The new treating physician has recommended a trial of Ultram. There is no documented evidence of prior a successful trial of an Inferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Page(s): 77-78.

Decision rationale: MTUS Guidelines support a trial of Opioid medication for persistent pain. The maximum dose of Ultram is up to 200mg (4 tabs) per day. The #120 is not excessive on a trial basis. If this is not successful for pain relief and functional improvement it can be re-

reviewed at a future date, but a trial is consistent with Guidelines. The request for Ultram 50mg #120 is medically necessary.

Ultracin Topical Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compounded drugs.

Decision rationale: Ultracin is a mix of Menthol, Methyl Salicylate and Capsaicin. Although Guidelines support the use of these individual ingredients as over the counter products, they are not supported as compounded products. Guidelines do not support the practice of dispensing common over the counter products as special compounded products. For example; MTUS Guidelines specifically state that over the counter products such as Ben Gay are recommended for Methyl Salicylate. In addition to the MTUS Guidelines, ODG Guidelines specifically state that over the counter products are not appropriate for compounding. Therefore the request is not medically necessary.

1 - Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12, Low Back Complaints, 2007, page 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: MTUS Guidelines are not very supportive of Inferential treatment and recommend use only if very specific conditions are met. Initially there should be a successful trial under direct medical supervision. If that standard is met Guidelines then recommend a successful 30 day home trial of rental unit prior to longer term use with purchase of a unit. This request does not meet these Guideline standards. The request for the Inferential unit is not medically necessary.