

<b>Case Number:</b>	CM13-0042260		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic surgery 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 claimant is a 39-year-old gentleman injured on January 29, 2010, sustaining injury to multiple body parts including the low back, left shoulder, left knee, and right wrist. Records indicate that the claimant is scheduled to undergo an upcoming lumbar discectomy. A recent evaluation with [REDACTED] of September 9, 2013 demonstrated tenderness to the lumbar paravertebral musculature with sensory deficit to the L4 and L5 level with imaging consistent with disc bulging at the L4-5 level resulting in moderate foraminal narrowing. Surgical intervention in regard to the claimant's L4-5 level is being recommended. The specific clinical request in this case is for postoperative use of a motorized heat/cold therapy system as well as a request for a prescription of hydrocodone for continued use in this claimant's course of care. Further clinical records are not pertinent to the claimant's current clinical presentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MOTORIZED HOT/COLD THERAPY SYSTEM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The Expert Reviewer's decision rationale: CA MUTS states, "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold." When looking at Official Disability Guideline criteria, the role of combination therapy devices would not be supported. Guideline criteria does not recommend the role of any degree of cryotherapy systems in the setting of lumbar surgical processes. The specific request for a "hot/cold" therapy system would thus not be indicated as well.

**1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

**Decision rationale:** The Expert Reviewer's decision rationale: CA MTUS guidelines would support the role of hydrocodone. The claimant is to undergo a surgical process to the lumbar spine and continues to be symptomatic. The use of this short-acting narcotic analgesic given the claimant's current clinical presentation would appear to be medically necessary.