

<b>Case Number:</b>	CM13-0056451		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of August 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and topical pain patches. In a utilization review report of October 25, 2013, the claims administrator denied a request for ThermoCare Heat Wraps, denied a request for lidocaine patches, approved a request for Lunesta, approved a request for Norco, and approved a request for Lyrica. The applicant's attorney subsequently appealed. An earlier note of September 4, 2013 is notable for comments that the applicant has persistent lower extremity pain associated with an operating diagnosis of chronic regional pain syndrome type 1. The applicant is having issues with anger. She is off of work. Her sleep and mood remain poor. She is on Norco, Lyrica, Lunesta, and Lidoderm for pain relief. The applicant is wearing soft slippers. She is anxious. Multiple medications are refilled while the applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare Heat wrap #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** As noted in the product description, ThermaCare Heat Wraps represent simple, inexpensive, low-tech applications of heat and cold. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204, at-home heat application is "recommended" as a non-prescribed physical method. In this case, the heat wraps being sought by the applicant do represent simple, low-tech, at home applications of heat which are, per ACOEM, recommended as part and parcel of self care. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Lidoderm 5% patch #60:** 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): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical application of lidocaine is indicated in the treatment of neuropathic pain in those applicants who have proven recalcitrant to antidepressants and/or anticonvulsants. In this case, however, the applicant is described as using an anticonvulsant medication for neuropathic pain, Lyrica, with reportedly good effect, effectively obviating the need for the proposed Lidoderm patches. Therefore, the proposed Lidoderm patches are not certified, on independent medical review.