

Case Number:	CM13-0067070		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2009
Decision Date:	04/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 5/11/09. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient reported a gradual onset of neck, bilateral shoulder, and upper extremity pain, accompanied by numbness. The patient received four weeks of physical therapy with no benefit, an unspecified injection to the neck with no benefit, and pain medications. Over the years, the patient has developed depression in relation to her chronic pain symptoms which has been treated with therapy. It was noted in the medical records that the patient puts minimal effort into her rehabilitative therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACARE PATCHES, #3, 1-2 AS DIRECTED, TWICE A DAY AS NEEDED FOR 30 DAYS, #60, WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The California MTUS/ACOEM guidelines recommend at home local applications of heat or cold for the treatment of chronic low back disorders. The clinical

information submitted for review provided evidence that the patient has been utilizing Thermacare heat patches since at least 11/7/13. It was noted in these records, that the patient has decreased her topical analgesic use, as her pain responds better to the heat patches. As local applications of heat are recommended by guidelines, it is appropriate that she continue to use this intervention. As such, the request is certified.

60 RELAFEN TABLETS 500MG, 1 TWICE A DAY AS NEEDED WITH FOOD WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS/ACOEM guidelines recommend NSAIDs for the short-term symptomatic relief of chronic low back pain. The clinical information submitted for review provided evidence that the patient has been using Relafen twice daily on a routine basis since at least 2011. This exceeds guideline recommendations of short-term use. In addition, there was no indication in the clinical notes submitted of how the Relafen directly affects the patient's levels; the most recent clinical notes dated 11/7/13, 11/21/13, and 1/9/14 state that the patient's pain has remained unchanged. As the patient's use of this medication has exceeded guideline recommendations, and there is no evidence of medication efficacy, the request is non-certified.