

Case Number:	CM14-0104008		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2012
Decision Date:	09/25/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old male who has submitted a claim for sprain/strain in the thoracic spine associated with an industrial injury date of July 9, 2012. Medical records from 2014 were reviewed. The patient complained of pain in the mid/upper back and right hip, as well as lower back radiating to the right leg. Physical examination revealed tenderness to palpation and spasm over the paraspinal muscles in the thoracic and lumbar spine with restricted range of motion. Straight leg raise test was positive on the right with right hip tenderness to palpation and restricted range of motion. Treatment to date has included NSAIDs, opioids, topical analgesics and epidural steroid injection. Utilization review from June 23, 2014 denied the request for Hot/Cold unit because guidelines do not recommend their use other than during the postoperative period. It is not recommended for nonsurgical treatment. The same review modified the request for Norco 5/325mg, #60 to #45 for weaning purposes. Patient has been on Norco since at least April 2013. He reports some moderate pain relief, however it has not been documented if the medications improve his quality of life or functioning. His pain and disability still appear significant, in spite of continuing opioid use. The guidelines state that long term usage of opioids is associated with substance abuse and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: Aetna considers the use of the Hot/Ice Machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, there was no discussion as to why standard ice bags/packs will be insufficient to provide symptomatic relief. The request likewise failed to specify the body part to be treated or whether the device was for purchase or rental. Therefore, the request for Hot/Cold Unit is not medically necessary.

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been on Norco since at least April 2013. The medical records submitted showed the patient had some moderate pain relief, but improvement in his quality of life or functioning was not documented. The medical records likewise did not clearly reflect a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg, #60 is not medically necessary.