

Case Number:	CM14-0012094		
Date Assigned:	03/12/2014	Date of Injury:	10/05/2007
Decision Date:	04/15/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medication 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:

The injured worker is a 38 year old female with a date of injury of 10/5/2007. The worker has chronic low back pain, lumbar radiculopathy, hip strain and labral tear, coccydynia, and depression. Other pharmacologic treatments include oral pain medications such as Elavil, Norco, and naproxen. There is documentation in a progress note on date of service 11/26/2013 that both the Medrox and Thermacare patch have been "helpful" as documented in the treatment section of this progress note. The disputed issues are the requests for Medrox topical ointment and Thermacare. A utilization review determination deemed the Medrox not medically necessary as "topicals are not proven to benefit chronic pain consistently." The Thermacare was denied because there is "no evidence that heat helps symptoms in the long term."

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX TOPICAL CREAM 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: Given the guidelines, the capsaicin component of Medrox at a 0.0375% concentration is felt to be experimental and not indicated for this injured worker's diagnoses. Chronic Pain Medical Treatment Medical Guidelines clearly state that there is no evidence to indicate that this increased dosage would provide any further efficacy. Despite documentation in a progress note on date of service 11/26/2013 that both the Medrox has been "helpful," the request for Medrox is recommended for non-certification.

THERMACARE PATCH #40, PER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, LOW BACK (UPDATED 12/27/13) HEAT THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303.

Decision rationale: In this case, the dispute issue is Thermacare, which is a disposable continuous low-level heatwrap that provides approximately eight hours of heat directly where the heatwrap is applied. Although there are positive randomized controlled trials of this wrap versus cold therapy and versus placebo, there is no demonstration of superiority over more traditional heating modalities such as a heating pad. Heat therapies are recommended for chronic low back pain and flare-ups of chronic pain, but there are no provisions specifically for Thermacare. This request is recommended for non-certification