

Case Number:	CM14-0152956		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2008
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 49 year old patient had a date of injury on 3/25/2008. The mechanism of injury was slipping and falling on a mat at work. In a progress noted dated 8/25/2014, the patient complains of pain in right hip and right leg which is like a shooting, stabbing pain. She continues to experience neck pain that she developed after a fall from her legs being weak. She reports pain relief with Opana and Norco for breakthrough pain. Neurontin helps reduce some right leg pain. These medications bring pain down from 10/10 to 5/10. On a physical exam dated 8/25/2014, the patient appears to be in mild to moderate discomfort. There is tenderness to palpation to cervical paraspinal muscles and upper trapezius. The diagnostic impression shows chronic hip pain, S/P arthroscopic surgery for labral tear, depression and anxiety related to chronic pain. Treatment to date is medication therapy and behavioral modification. A UR decision dated 9/4/2014 denied the request for Thermacare heat patch #90, stating that there is no guideline support for the chronic daily use of thermacare heat patches; these are indicated for short term use for acute pain flares.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare heat patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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: FDA:Thermacare Heat Patch

Decision rationale: MTUS and ODG do not address this issue. The FDA state the Thermacare provides temporary relief of minor muscular and joint aches and pains associated with overexertion, strains, sprains and arthritis. In the 8/25/2014 progress report, the patient claims that Thermacare helped with sleep and relaxation at night. However, this patient has been on Theramacare since at least 1/9/2014, and guidelines do not support long term use. Furthermore, on a progress noted dated 8/25/2014, she reports that Opana, Norco, and Neurontin bring pain down from 10/10 to 5/10 on the VAS scale. Therefore, the request for Thermacare Heat patch #30 was not medically necessary.