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| Case Number: | CM14-0159771 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 12/29/2009 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 62 year old female. The date of injury is December 29, 2009. The patient sustained an injury to the lumbar and cervical spine. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck and low back with radiation of pain down the left leg. Cervical MRI dated 5/6/2010 indicates c3-c4 contained disc herniation. The patient is maintained on the multimodal pain medication regimen including Thermacare patches (large and small sizes). A request for Thermacare patches (large and small sizes) was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare patches, large size packs, QTY: 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals: MTUS, Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams and patches. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific

therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met; therefore the request is not medically necessary.

Thermacare patches, small size packs, QTY: 36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals: MTUS, Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams and patches. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met, treatment is not medically necessary.