

<b>Case Number:</b>	CM14-0032036		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 62 year-old female. The patient's date of injury is 12/29/09. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with post concussion syndrome, neck pain, back pain, degeneration of cervical disc, and cervical disc protrusion with annular tear at multiple levels. The patient's treatments have included physical therapy, chiropractors, medications, and imaging studies. The physical exam findings show the patient in no acute distress. Her gait is non-antalgic, patient was able to sit for 15 minutes without any limitations of pain. The lumbar spine was noted to have restrictions in all planes, with muscle guarding. The cervical spine was restricted in all planes, with muscle guarding as well. The patient's medications have included, but are not limited to, Tizanidine, Hydrocodone/APAP, Naproxen, Prilosec, Verapamil, Thermacare patches. The request is for Thermacare patches, and Hydrocodone/APAP. This medication was used for unclear amount of time, and the outcomes are unclear as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare patches QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back- Heat Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guideline, Treatment index, Low back heat therapy.

**Decision rationale:** patches. Official Disability guidelines were reviewed on this case, and the clinical documents were reviewed. The request is for Thermacare patches. Guidelines state the following: ODG would support the use of heat wraps, but not patches. There is also lack of documentation of results or improvement with the prior use of these heat patches. According to the clinical documentation provided and current guidelines; Thermacare patches are not indicated as a medical necessity to the patient at this time.