

Case Number:	CM14-0063454		
Date Assigned:	07/11/2014	Date of Injury:	06/11/2010
Decision Date:	09/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/06/2014

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 Management, and is licensed to practice in Texas and Ohio. 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 53-year-old who reported an injury on June 11, 2010 due to an unknown mechanism. Diagnoses were lumbosacral degenerative disc disease, chronic low back pain, diffuse regional myofascial pain, possible meralgia paresthetica, and right iliotibial band syndrome. Past treatments were physical therapy, acupuncture. Diagnostics were MRI of the lumbar spine which revealed left sided facet hypertrophy at the L4-5 and L5-S1 without lateral recess or foraminal encroachment, mild disc bulge at the L2-3. Past surgeries were not reported. The injured worker complained of pain localized to the right low back and buttocks that radiated into the right hip. She also complained of numbness and tingling localized to the anterior lateral aspect of her left thigh. Examination dated December 17, 2013 revealed no surgical scars of the lumbar spine. Active range of motion at the lumbar spine was full flexion. There was end range pain localized right over the right posterior superior iliac spine. There was tenderness to palpation over the posterior pisiform as well as the right gluteus medius insertion and over the right greater trochanter. Manual muscle testing was 5/5 in the lower extremities. Prone lumbar extension was negative. Faber was negative bilaterally. Medications were ibuprofen 800 mg 1 every 8 hours as needed, Norco 10/325 mg, and Lisinopril 10 mg. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, 360 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-prescription Medications, Ibuprofen Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend nonprescription medications including ibuprofen for the treatment of pain and inflammation. Ibuprofen is available over the counter. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Ibuprofen 800 mg, 360 count, is not medically necessary or appropriate.

Thermacare heat wraps, 180 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat Therapy.

Decision rationale: The Official Disability Guidelines for heat therapy is recommended as an option. A number of studies show continuous low level heat wrap therapy to be effective for treating low back pain. Active warming reduces acute low back during rescue transport. Combining continuous low level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short term reduction in pain and disability in acute and subacute low back pain and that the addition of exercise further reduces pain and improves function. The report submitted for review was over one year old. The medical necessity for requesting 180 Thermacare heat wraps was not provided. Therefore, the request for Thermacare heat wraps, 180 count, is not medically necessary or appropriate.

Ice-it packs, fifteen count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat packs.

Decision rationale: The Official Disability Guidelines for cold/heat packs is recommended as an option for acute pain. At home, local application of cold packs in the first few days of acute complaint; thereafter, applications of heat packs/cold packs. Continuous low level heat wrap

therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy, with only 3 poor quality studies located that support its use, but studies confirm that it may be a low risk, low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The medical necessity for this request was not submitted. Therefore, the request for Ice-it packs, fifteen count, is not medically necessary or appropriate.