

<b>Case Number:</b>	CM13-0049181		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old female, who sustained an industrial injury on October 27, 2008. She reported bilateral hand pain worse on the right side, right shoulder pain and neck pain. The injured worker was diagnosed as having right-sided repetitive strain injury, chronic cervicalgia, chronic lateral epicondylitis, chronic bicipital tendinitis and lumbago. Treatment to date has included diagnostic studies, physical therapy, ultrasound treatments, massage therapy and acupuncture. On January 14, 2015, the injured worker complained of mild to moderate symptoms constantly in the right hand, shoulder and neck as well as low back pain occasionally radiating to her feet. She also complains of difficulty with sleeping. Physical examination revealed tenderness throughout the upper extremity on the right. She had good flexion and extension of the cervical spine, shoulders and lumbar spine. The treatment plan included thermacare heatwrap and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare Heatwrap, quantity 30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 181, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for thermacare, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested thermacare. Furthermore, it is unclear why a low tech heat pad would be insufficient to address any of this patient's issues. In the absence of clarity regarding those issues, the currently requested thermacare is not medically necessary.

**Turmeric 500mg quantity 60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/natural/662.html](http://www.nlm.nih.gov/medlineplus/druginfo/natural/662.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Regarding the request for Turmeric, California MTUS and ACOEM and ODG do not contain criteria for vitamin C. Guidelines state that medical foods should be used to treat a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, there is no indication that the patient has a nutritional deficiency for which turmeric would be indicated. Additionally, a search of the National Library of Medicine failed to identify any peer-reviewed literature indicating that turmeric is indicated in the treatment of any of this patient's diagnoses. In the absence of such documentation, the currently requested Turmeric is not medically necessary.