

<b>Case Number:</b>	CM15-0132087		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/10/2000
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65 year old female, who sustained an industrial injury on 8/10/00. Initial complaints were of cumulative trauma involving the neck and left upper extremity. The injured worker was diagnosed as having chronic cervical spine pain; postlaminectomy syndrome-cervical; long-term use of medications. Treatment to date has included status post anterior cervical discectomy/fusion (2001); physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 6/18/15 indicated the injured worker was in the office on this date as a follow-up visit of her chronic neck pain due to cervical postlaminectomy syndrome. He documents she is a status post anterior cervical discectomy fusion in 2001. She denies acute changes in her condition since her previous visit. She continues to report neck and frequent headaches. She has intermittent radiation of pain into the right arm but states the neck pain is most bothersome. With regard to medications, she continues with OxyContin 10mg twice daily. The provider documents "She had previously tried to decrease to 15mg total per day, but was unable to tolerate the decreased due to increased pain and insomnia." She was returned to 10mg twice daily at her last visit and states this is providing more adequate pain relief and she is able to sleep better at night. He notes the medication does provide approximately 40-50% decrease in her pain level, reducing it from 8-9/10 to 4/10 on the pain scale. It allows her to perform activities that require use of her upper extremities. She is also able to hold her head in a static position for longer periods of time. She reports difficulty with authorization of her medications and reports she has had to pay out of pocket the last several months. He lists her current medications as Thermacare Heatwrap, Cyclobenzaprine, OxyContin, Escitalopram, Excedrin, Ibuprofen, Levothyroxine, Lisinopril,

Lovastatin and Pepcid. The provider is requesting authorization of Topical Thermacare Heatwrap #30 with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Topical Thermacare Heatwrap Qty: 30 Refills 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com-Thermacare heat wraps Official Disability Guidelines (ODG), Low back chapter-Cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

**Decision rationale:** This claimant was injured 15 years ago with cumulative trauma involving the neck and left upper extremity. The diagnoses were chronic cervical spine pain; postlaminectomy syndrome-cervical; long-term use of medications. Treatment to date was an anterior cervical discectomy/fusion (2001); physical therapy; acupuncture; and medications. There is still chronic neck pain. This request is for a heat wrap. This durable medical equipment item is a device to administer controlled heat. However, the MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat "for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple hot packs are simply not needed to administer heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment or specialized heat wraps. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was not medically necessary.