

<b>Case Number:</b>	CM15-0134238		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 38 year old female who sustained an industrial injury on June 3, 2012. She has reported a back injury and has been diagnosed with spine thoracic degenerative disc disease, low back pain, and lumbar facet syndrome. Treatment has included medications, injections, and a home exercise program. The thoracic spine revealed severe scoliosis and a surgical scar. Range of motion was restricted with flexion. There was tenderness noted on both sides of the thoracic spine. Lumbar spine revealed scoliosis and surgical scars. Range of motion was restricted with flexion limited to 50 degrees limited by pain and extension limited to 15 degrees limited by pain. There was tenderness to the paravertebral muscles on both sides. There was tenderness over the sacroiliac spine. There was a trigger point with radiating pain and twitch response on palpation at bilateral piriformis muscles. The treatment request included cyclobenzaprine and thermacare heatwrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, 1 daily as needed, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence, therefore not medically necessary.

**Thermacare Heatwrap, apply as directed, #30:** 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, Cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Heat therapy.

**Decision rationale:** The MTUS ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically up to 2 weeks). The ODG recommends heat therapy as an option for low back pain, as it has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise during recovery from musculoskeletal injuries. However, for this treatment method to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. In the case of this worker, there was lack of reporting found in the documentation regarding the effectiveness of the Thermacare Heatwraps being used chronically leading up to this request for renewal of this non-reusable form of heat therapy. There was no evidence to suggest this specific brand and type of heat application was superior and necessary over and above other less expensive methods such as any other reusable heat wraps. Therefore, the Thermacare Heatwrap will be considered medically unnecessary at this time.