

Case Number:	CM15-0141262		
Date Assigned:	07/31/2015	Date of Injury:	01/28/2009
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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 51 year old female who sustained an industrial injury on 1-28-09. She had complaints of low back pain. Treatments include: medication, heat, ice, rest and gentle stretching. Progress report dated 5-14-15 reports follow up for chronic low back pain and left leg pain. The pain is rated 10 out of 10 without medications and 6 out of 10 with medications. She is unable to perform the physical exam due to severe pain. She walks with a walker. Diagnoses include: degeneration of thoracic or lumbar intervertebral disc, lumbago and pain in joint, pelvic region and thigh. Plan of care includes: continue conservative measures with use of heat, ice, rest, gentle stretching and exercise, request authorization for current chronic pain medication regimen and lumbar epidural steroid injection once authorized. Work status was not noted. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, qty 2-4 grams, refills unknown: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in January 2009 and is being treated for chronic low back pain and left lower extremity pain. When seen, medications were decreasing pain from 10/10 to 6/10. Injections were pending. She was using a walker and unable to undergo a physical examination due to severe pain. Prior examinations document diffuse lumbar tenderness and consistent use of a walker. The claimant's BMI is over 32. Medications include Norco, Voltaren gel, and gabapentin and a diuretic. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has localized pain affecting the low back and takes a diuretic consistent with at least a relative contraindication to an oral NSAID. Voltaren gel can be considered as being medically necessary.

ThermaCare Back/Hip Heat Wrap, Qty 3, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar & Thoracic (Acute & Chronic), Heat therapy.

Decision rationale: The claimant sustained a work-related injury in January 2009 and is being treated for chronic low back pain and left lower extremity pain. When seen, medications were decreasing pain from 10/10 to 6/10. Injections were pending. She was using a walker and unable to undergo a physical examination due to severe pain. Prior examinations document diffuse lumbar tenderness and consistent use of a walker. The claimant's BMI is over 32. Medications include Norco, Voltaren gel, and gabapentin and a diuretic. Heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy including the ThermaCare HeatWrap to be effective for treating low back pain. The request can be considered as being medically necessary.