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| Case Number: | CM15-0167036 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 09/02/2001 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 37-year-old male who reported an industrial injury on 9-2-2001. His diagnoses, and or impression, were noted to include: lumbago; acquired spondylolisthesis; and displaced lumbar inter-vertebral disc. No current imaging studies were noted. His treatments were noted to include: a qualified medical-legal evaluation on 3-14-2008; medication management with toxicology studies; and a return to full duty work. The progress notes of 7-31-2015 reported a follow-up visit with complaint of continued severe back pain, now with symptoms extending into the hips, left > right, and down the legs; and that he continued to work his normal duties at his job. Objective findings were noted to include: bilateral lumbar junction pain with tenderness through the buttocks and over the left sciatic notch; positive left straight leg raise causing discomfort through the left hip and down the leg; and pain with external rotation of the right hip, down into the right inguinal area. The physician's requests for treatments were noted to include refills of his Bengay ultra patches, his Thermacare patches, and for Norco as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ThermaCare large/extra large back/hip bandage with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Leg (Acute & Chronic), Heat therapy.

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 and Thoracic, Cold/heat packs.

Decision rationale: Thermacare is a disposable product for providing heat therapy. Heat/cold, packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. 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 three 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. While heat and cold packs are useful for low back pain, there is no recommendation that a Hot and Cold unit is necessary to supply the heat and cold applications to the affected area. Sufficient heat and cold can be applied with the use of hot packs, cold packs, or heating pad. In this case, documentation does not support an acute injury or acute exacerbation of pain. The patient has had chronic back pain since injury occurred in September 2001. The request should not be medically necessary.

BenGay ultra strength 5% adhesive patch #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain, Up-to-date: Camphor and menthol: Drug information.

Decision rationale: The active ingredient in Bengay ultra strength is menthol. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not medically indicated. The request should not be medically necessary.

Norco 10/325mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving opiates since at least June 2013 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in recent urine drug testing. Criteria for long-term opioid use have not been met. The request should not be medically necessary.