

<b>Case Number:</b>	CM15-0027229		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/26/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 4/26/2007. On 2/12/15, the injured worker submitted an application for IMR for review of Thermacare Heatwrap, and Motrin 600mg, and Docusate Sodium 100mg, and Ambien 5mg. The treating provider has reported the injured worker complained of chronic low back and right lower extremity pain. The diagnoses have included lumbar disc displacement without myelopathy and degeneration lumbar lumbosacral disease. Treatment to date has included status post lumbar spine fusion (2009), lumbar epidural steroid injection (no date), acupuncture. On 1/23/15 Utilization Review non-certified Thermacare Heatwrap, and Motrin 600mg, and Docusate Sodium 100mg, and Ambien 5mg. The MTUS, ACOEM and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare Heatwrap:** 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 ACOEM Guidelines chapter:7 pages 156, 157 Official disability guidelines low back chapter for heat therapy topics.

**Decision rationale:** This patient presents with chronic low back, right lower extremity pain. The current request is for THERAMACARE HEATWRAP. The ACOEM Guidelines pages 156, 157 recommend heat therapy for low back pain. The ODG Guidelines under the low back chapter for heat therapy topics states, "Recommended as an option." The ODG further states "one study compared the effectiveness of Johnson and Johnson back plaster, the ABC Warne-Pflaster, and the Procter and Gamble ThermaCare heat wrap, and concluded that ThermaCare heat wrap is more effective than the other two." The treating physician states that the patient has a decrease in pain of about 50% with current medications. Heat therapy is recommended as an option as indicated by ODG Guidelines. The requested ThermaCare heat patches ARE medically necessary.

**Motrin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** This patient presents with chronic low back, right lower extremity pain. The current request is for MOTRIN 600MG. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs." NSAIDs 'in chronic LBP and of antidepressants in chronic LBP.' Review of the medical file indicates the patient has been utilizing ibuprofen since at least 2/26/14. In this case, the treating physician provides a before-and-after pain scale to denote a decrease in pain with current medications. In this case, the request is for Motrin 600mg with no discussion on duration of use. Progress report dated 11/20/14, suggests Motrin 600mg 1 tablet every 8 hours. An open-ended prescription cannot be supported as MTUS page 60 requires documentation of pain and functional assessment when medications are used for chronic pain. This request IS NOT medically necessary.

**Docusate Sodium 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy for opiate use Page(s): 77.

**Decision rationale:** This patient presents with chronic low back, right lower extremity pain. The current request is for Docusate sodium 100mg. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. Given the patient's medications Docusate sodium may be indicated for prophylactic treatment of constipation, but this request does not specify duration of usage. Open ended prescriptions cannot be recommended. This request IS NOT medically necessary.

**Ambien 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** This patient presents with chronic low back, right lower extremity pain. The current request is for Ambien 5mg. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Given the patient's sleep issues a short course of ambien may be indicated; however the request does not specify recommended duration and the treating physician does not state that it is for short term use. Open ended prescriptions cannot be recommended. This request IS NOT medically necessary.