

Case Number:	CM14-0149580		
Date Assigned:	09/18/2014	Date of Injury:	08/22/2012
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with an 8/22/12 date of injury. At the time (8/29/14) of the Decision for Thermal care patches #30 refill: 1, there is documentation of subjective (back pain and some left lower extremity weakness and pain) and objective (lumbar spinous process tenderness, muscle strength is 4/5 on the left and 4+/5 on the right, and decreased sensation over the L5 dermatome) findings, current diagnoses (thoracic or lumbosacral neuritis or radiculitis, unspecified and displacement of thoracic or lumbar intervertebral disc without myelopathy), and treatment to date (medication including Norco, Thermacare patches, Omeprazole, Flexeril, Lisinopril, and Tramadol). There is no documentation that trial of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Thermal care patches use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermal care patches #30 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis, unspecified and displacement of thoracic or lumbar intervertebral disc without myelopathy. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. In addition, given documentation of ongoing use of Thermal care patches, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Thermal care patches use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.