

Case Number:	CM15-0002357		
Date Assigned:	01/13/2015	Date of Injury:	10/02/1997
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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, 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 57 year old male, who sustained an industrial injury on 10/02/1997. He has reported subsequent low back and bilateral knee pain. The diagnoses have included degeneration of lumbar disks, facet joint syndrome of the lumbar spine, lumbar radiculitis, knee pain and muscle spasm. Treatment to date has included oral medication, physical therapy, TENS unit, application of heat and ice, chiropractic therapy, acupuncture and psychiatric treatment. Currently the IW complains of continued low back and knee pain. The IW requested increasing appointment frequency to monthly due to the fact that joint pain was reported to be worse in the winter months. 60% of the pain was noted to be in the lower back and 40% of the pain was in the knee. The degree of pain was rated as a 4/10. The IW was noted to rely mainly on cannabis for pain relief. Gait was noted to be antalgic. Tenderness was noted to palpation of the bilateral L4-L5 and S1 lumbar facets, decreased left knee flexion and extension were noted and there was decreased sensation to light touch testing in the left distal anterior and lateral lower extremity at L4-S1 dermatomes. The physician requested Therma Care Heat Wraps Patch for continued pain relief, a refill of Norco for pain relief and Idrasil Cannabis Extract to decrease risk of smoking or the unpredictable dosages of edible confections. On 12/11/2014, Utilization Review non-certified requests for Therma Care Heat Wraps Patch, Norco and Idrasil. The UR physician noted that cannabinoids were not recommended for pain, the use of a heating pad is not noted to lead to improved outcomes and there was a lack of documentation to indicate the efficacy of prior use of narcotics for pain relief or that it led to any functional improvement. 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 Heat Wraps Patch OTC # 40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Chapter, Cold/Heat Packs

Decision rationale: Regarding the request for Thermacare heat wraps patches, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, there is no clear rationale for the use of patches rather than standard heat packs. In the absence of clarity regarding those issues, the currently requested Thermacare heat wraps patches are not medically necessary.

Norco 5/325 1 tab daily 30 days # 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.