

Case Number:	CM15-0010875		
Date Assigned:	01/28/2015	Date of Injury:	08/03/2011
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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 42 year old male, who sustained an industrial injury on 8/3/11. The PR2 9/9/14 noted that the injured worker complains of low back pain and is unable to move legs. The documentation noted that he stated he was able to walk with a wheeled-walker and walk with a cane. He also stated he could not move his arms but documentation noted that he was freely moving his arms while talking. The documentation noted that he had a high velocity tremor in both hands; bilateral brachioadialis, patella and Achilles reflexes were 2 with toes down going. The documentation noted that he remained on total temporarily disability. The diagnoses have included L5-S1 disc bulge with bilateral S1 radicular pain; severe reactive depression with psychotic features and somatoform disorder; left periventricular white matter changes in the brain consistent with chronic ischemic small vessel disease and posttraumatic stress disorder. According to the utilization review performed on 1/15/15, the requested Thermacare patches, number unspecified has been non-certified. The CA MTUS Guidelines topical analgesics were used and the utilization review noted that they are considered experimental/investigational and are therefore not medically necessary or a standard of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare patches, number unspecified: 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 Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation low back chapter for heat therapy topics ACOEM Guidelines chapter:7 heat therapy for low back pain

Decision rationale: The patient presents with chronic lower back pain radiating to lower extremity rated at 10/10. The request is for THERMACARE PATCHES, NUMBER UNSPECIFIED. The request for authorization is dated 01/07/15 for spinal surgery consult, psychiatric care consult and 8 sessions, neurology consult, thermacare patches and topical agent. Patient is able to walk in his home but uses a wheelchair for longer distances. Patient's diagnosis include L5-S1 disc bulge with bilateral S1 radicular pain. Patient's medication include Neurontin, Cymbalta, ThermaCare patches and topical cream. The patient is temporarily totally disabled. ACOEM Guidelines pages 156, 157 recommend heat therapy for low back pain. ODG Guidelines under the low back chapter for heat therapy topics states, "Recommended as an option." ODG further states, "one study compared the effectiveness of [REDACTED] back plaster, the [REDACTED] Warne-Pflaster, and the [REDACTED] ThermaCare heat wrap, and concluded that ThermaCare heat wrap is more effective than the other two." Treater has not provided reason for the request. In this case, the use of this product may be indicated given the patient's chronic back condition, however, the treater does not discuss the use of this product and its efficacy in the reports provided or provide a record of pain and function as required. MTUS page 60 states, "A record of pain and function with the medication should be recorded." Therefore, given the lack of documentation, the request IS NOT medically necessary.