

<b>Case Number:</b>	CM15-0171423		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/17/2004
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 45-year-old male who sustained an industrial injury on 06-17-2004. The injured worker is being treated for chronic pain in his lumbar spine that radiates to his bilateral lower extremities left worse than right. A physician progress note dated 07-23-2015 documents the injured worker is taking his medications as prescribed. The injured worker continues with his home exercise program and with his medications, helps his back. He has complaints of back pain, joint pain and stiffness, and limb pain and tingling. He ambulates with a right sided antalgic gait. He has a very antalgic bed mobility and difficulty with sit to stand. Lumbar range of motion is restricted and painful. There is tenderness and hypertonicity noted on the right paravertebral lumbar muscles and tenderness to the left paravertebral muscles. There is spinous process tenderness noted on L4 and L5. There are also multiple myofascial trigger points noted. Straight leg raising is positive on the left side and Faber is positive. Trigger point injections were administered to the lumbar paravertebral muscles with this visit. There is documentation present that the injured worker has tapered his chronic Norco from 6 per day to 3 per day. Pain is improved with Norco and he can do his ADLs and some housework with his medications. He is also able to do light gardening. Diagnoses include lumbar radiculitis, lumbar post laminectomy, and depressive disorder, long-term use of other medications and unspecified myalgia and myositis. Treatment to date has included medications, status post lumbar fusion, and a home exercise program. Current medications include Thermacare patches, Lexapro, and Norco. The treatment plan includes Thermacare patches #30 with 6 refills, and Norco 10-325mg 1 tab three times a day #90 with 2 refills. On 07-23-2015, there is documentation that "Cures and

Tox are compliant". On 07-31-2015 the Utilization Review non-certified, the requested treatment Thermacare patches #30 with 6 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Thermacare patches #30 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Heat Therapy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints states: Adjustment or modification of workstation, job tasks, or work hours and methods. Stretching: Specific low back exercises for range of motion and strengthening. At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. Relaxation techniques: Aerobic exercise, 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening. While heat application is recommended for treatment, the request is for 6 refills and the continued need for that long as well as efficacy cannot be determined and therefore the request is not medically necessary.