

<b>Case Number:</b>	CM15-0097491		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 64 year old female, who sustained an industrial injury on 1/7/05. The injured worker was diagnosed as having lumbar facet arthralgia, lumbar disc pain, right anterior thigh pain, and status post left rotator cuff repair. Treatment to date has included the use of a cane, an epidural injection to the low back, and medication. A physician's report dated 3/2/15 noted pain was rated as 4/10 with medications including ThermaCare, Topiramate and Voltaren. Currently, the injured worker complains of neck pain with radiation to the left shoulder and low back pain radiation to the right thigh. The treating physician requested authorization for ThermaCare #60 and Voltaren gel 1% #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermaCare #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Heat Therapy, page 343.

**Decision rationale:** Regarding Hot/Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. The request for authorization does not provide supporting documentation for treatment beyond the guidelines criteria. Although heat wraps may be indicated during the acute phase of injury post exercise with local application to decrease pain, there is no documentation for home exercise program that establishes medical necessity or that the multiple refills requested are medically reasonable without demonstrated specific functional benefit in terms of decreased medication profile and treatment utilization for this chronic injury of January 2005. The ThermaCare #60 is not medically necessary and appropriate.

**Voltaren gel 1% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment as in this chronic injury. Submitted reports have not demonstrated significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. The Voltaren gel 1% #1 is not medically necessary and appropriate.