

Case Number:	CM13-0042793		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2012
Decision Date:	05/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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:

This is a 43-year-old female who was injured on October 2, 2012 sustaining injuries to both her low back and her neck. A recent clinical assessment for review indicates that since the time of injury, the claimant has been treated conservatively. A September 23, 2013 assessment indicates complaints of pain about the neck with frequent headaches as well as low back pain. There was no documentation of radiculopathy. Physical examination demonstrated paraspinal tenderness to palpation with tenderness over the right trapezial region and restricted range of motion. Evaluation of the low back was not provided. Records indicate that the treating provider stated the claimant was having "side effects" with oral anti-inflammatory medications and recommended use of topical agents only. Clinical imaging is not available for review. At present, there is a request for oral use of ketoprofen and topical use of "Biofreeze."

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE 120G #1 BOTTLE REFILL PRN,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Biofreeze in this case would not be indicated. Topical agents for the most part by guideline criteria are noted to be largely experimental with few randomized clinical trials demonstrating their efficacy or safety. The topical use of "Biofreeze" in this case would not be indicated as there is a lack of documentation of first-line agents that have been utilized or failed in the clinical setting. While the claimant is noted to be intolerant of nonsteroidal medication, that in and of itself would not support the role of topical agents.

KETOPROFEN 75MG 1QD PRN #100 AND 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, nonsteroidal medications are only recommended at the lowest dose for the shortest period of time possible. The specific clinical records in this case indicate that the claimant is intolerant of nonsteroidal medications adhering to "side effects." It was for this reason that the role of Biofreeze was recommended. It is unclear as to why the use of nonsteroidal medication in this claimant, with documented adverse effects, would be continued at this chronic stage in the course of care.