

Case Number:	CM13-0071439		
Date Assigned:	01/08/2014	Date of Injury:	01/05/2004
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

The patient is a 66-year-old male who reported an injury on 01/05/2004. The patient stated his pain level is down 4 points from a 7/10 to a 3/10. Current medications listed were Norco 10/325 two a day, Zanaflex 4 mg 1 by mouth twice a day as needed, glucosamine sulfate 500 mg 1 by mouth 3 times a day, ibuprofen 800 mg twice a day as needed. An x-ray of the lumbar spine dated 09/11/2012 showed no fracture. Degenerative disc disease and spurring was identified at levels L3-4, L4-5, and L5-S1. Degenerative changes were present at the sacroiliac joints bilaterally as well. An x-ray of the left knee dated 09/11/2012 impression showed no acute fractures. Mild narrowing was present at the medial joint. The patient reported that with pain levels down, he is able to carry out his activities of daily living such as mowing his lawn, cooking, cleaning dishes, laundry, etc. There was no history of surgeries, conservative care, or therapies provided in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE GEL (3 TUBES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine the efficacy or safety. They are primarily recommended for neuropathic pain when the trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of the agents used. The California MTUS and the Official Disability Guidelines do not cover the ingredients in Biofreeze. No documentation was provided for conservative care, NSAIDs, therapy. Therefore, the request for Biofreeze does not fit within the guidelines set for the California MTUS. Therefore, the request is non-certified.