MAXIMUS Federal Services

Case Number:	CM14-0016192		
Date Assigned:	04/14/2014	Date of Injury:	09/01/2009
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation 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:

The patient is an employee of [redacted] and has submitted a claim for lumbago associated with an industrial injury on September 1, 2009. Treatment to date includes oral and topical analgesics, physical therapy, lumbar epidural injections, lumbar surgery, and radiofrequency ablation. Utilization review dated February 5, 2014 denied request for Biofreeze 4% topical analgesic 30 day supply because topical analgesic creams are highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants which is not documented. Documents did not show intolerance to the oral forms of these medications. It also contains a drug class that is not recommended. Medical records from 2013 to 2014 were reviewed and showed persistent left hip and back pain grade 7-10/10 radiating to the lower extremities. Symptoms include burning pain, tingling, stiffness, stabbing pain, weakness, giving way, and numbness which are aggravated by motion and relieved with the use of heat, rest ang medications.The patient reports decreased level of Final Determination Letter for IMR Case Number [redacted] function during activities. Physical examination showed tenderness of the lumbar spine with multiple myofascial tender points and limitation of motion. The patient is on Tramadol, Naprosyn, Temazepam and Omeprazole as March 2013. Duration, frequency of use and response to the medications were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE 4% TOPICAL ANALGESIC, 30 DAY SUPPLY: 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 Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. Active ingredient is menthol 3.5%. The Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. There was also no discussion concerning the prescription of unsupported medications based on guidelines. Therefore, the request for Biofreeze 4% topical analgesic, 30 day supply is not medically necessary and appropriate.