

Case Number:	CM14-0017373		
Date Assigned:	04/14/2014	Date of Injury:	10/06/2003
Decision Date:	05/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 & 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 injured worker is a 61-year-old male who reported an injury on 10/06/2003. The mechanism of injury was not provided. The documentation of 01/18/2013 revealed the injured worker was utilizing Colace, Zanaflex, Midrin, Prilosec, Paxil, Norco, and acetadryl, as well as Colace. The documentation of 01/09/2014 revealed the injured worker was currently using biofreeze, Norco, Paxil, Prilosec, Zanaflex, promolaxin, and Benadryl. The injured worker indicated that medications allowed him to perform household chores and perform the upkeep of the home and property. The medications allowed the injured worker to go to the gym 4 to 5 days a week. Without medications, the pain was 8/10 and with medications it was 4/10. The injured worker had no side effects or aberrant drug behaviors. The diagnosis included history of discectomy at L3-4 in 2004, chronic low back pain and bilateral extremity pain, status post left shoulder surgery on 06/22/2009, depression due to chronic pain, and a positive EMG/NCV from 01/2012 for peripherl neuropathies. The plan included a 3-month supply or Norco, Paxil, Prilosec, Zanaflex, Colace 100, and biofreeze #2 tubes. The injured worker indicated he had 1 tube at home. Additionally, the reuquest was made for a return visit in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/9/14) FOR 1 PRESCRIPTION OF COLACE 100MG #30 (3 MONTH SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Biofreeze.

Decision rationale: The Official Disability Guidelines recommend Biofreeze cryotherapy gel as an optional form of cryotherapy for acute back pain. The duration of use could not be established. However, it was indicated the injured worker had been on the medication prior to 01/09/2014 as the request was for a refill. The clinical documentation submitted for review indicated the injured worker reported injury on 10/06/2003. There was lack of documentation of the efficacy of the requested Biofreeze. Additionally, the injured worker indicated they had 1 tube at home. The request as submitted failed to indicate the frequency for the requested medication. There was lack of documented necessity for a 3-month supply. Given the above, the retrospective request for date of service 01/09/2014 for 1 prescription of Biofreeze #2 tubes with 3-month supply is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 1/9/14) FOR 1 PRESCRIPTION OF BIOFREEZE #2 TUBES (3 MONTH SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines recommend prophylactic treatment of constipation when initiating opioid therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was lack of documentation indicating the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Colace 100 mg #30 with 3-month supply is not medically necessary and appropriate.