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| Case Number: | CM14-0019040 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 07/06/2012 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 Occupational Medicine, 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 61-year-old male patient with a 7/6/12 date of injury. 09/25/2013 progress report indicated that the patient had neck, low back and right knee pain. On physical exam there was tenderness in the cervical and lumbar paraspinal muscles, full range of motion of the right knee. 9/04/2012 lumbar MRI demonstrates a broad based disk protrusion at L4-5 eccentric to the right paracentral region, 3 mm. There was mild spinal and bilateral foraminal stenosis. L4-5 and L5-S1 degenerative disk disease was noted. 12/12/2012 cervical MRI showed central disk herniation noted at C6-7, impinging on the thecal sac as well as the spinal cord to some degree. 07/2/12 right knee MRI indicated prominent superficial inflammation, anterior, medial to the knee, which may have occurred due to contusion. Sprain of the lateral soft tissues and of the anterior cruciate ligament. He was diagnosed with low back pain, right-sided neck pain, right knee pain. His prescriptions included Norco 5/325 mg, Prilosec 20mg, and Biofreeze roll-on gel. There is documentation of a previous adverse determination on 02/07/2014, for lack of guidelines support for Biofreeze composed of mostly what could be considered medical food.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE ROLL-ON GEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Biofreeze) Pain relieving gel.

Decision rationale: CA MTUS do not address this issue. The FDA states that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. The patient presented with the pain in the lower back, neck and knee pain. He was prescribed with Norco, Prilosec, Biofreeze gel. However, there is no evidence of efficacy of prior Biofreeze gel use. In addition, the patient's complaints are chronic and not clearly related to osteoarthritis. Therefore, the request for BIOFREEZE ROLL-ON GEL was not medically necessary.