

<b>Case Number:</b>	CM14-0110213		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/20/1994
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Texas and Oklahoma. 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 54-year-old female who reported an injury on 10/20/1994. The mechanism of injury was not provided for clinical review. The diagnoses included status post L4-5 fusion with revision at L5-S1, nonindustrial gastric bypass, chronic right shoulder pain, and prior history of right shoulder surgery. Previous treatments included surgery and medication. Within the clinical note dated 04/30/2014 it was reported the injured worker stated her pain has been kept manageable with medication. Upon the physical examination, the provider noted there is no distal extremity edema. The injured worker appeared to be in no acute distress. The provider requested for BioFreeze topical roll on and Flexeril. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze topical roll-on:** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The request for BioFreeze topical roll on is not medically necessary. The California MTUS Guidelines state that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Flexeril 10mg QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for Flexeril 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.