

Case Number:	CM14-0111098		
Date Assigned:	09/16/2014	Date of Injury:	04/06/1994
Decision Date:	10/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 04/06/1994. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic neck pain, status post carpal tunnel release, history of right shoulder surgery, and lumbar discogenic pain. The previous treatments included surgery and medications. Within the clinical note dated 06/18/2014, it was reported the injured worker complained of ongoing neck and low back pain. The low back continues to be painful. He rated his pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker had tenderness in the cervical and lumbar paraspinal muscles with decreased range of motion in all planes. The provider requested Biofreeze. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze #2 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Biofreeze #2 tubes is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, 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 a 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 for the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guideline recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.