

<b>Case Number:</b>	CM14-0113724		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 9/12/13 date of injury. At the time (6/12/14) of the request for authorization for Nabumetone 750mg tab #20 1 tab two times a day and Biofreeze Tube - 4oz 120gm apply three times a day, there is documentation of subjective (elbow pain that is moderately severe) and objective (tender at lateral epicondyle) findings, current diagnoses (epicondylitis - lateral left), and treatment to date (medication including Nabumetone and Biofreeze for at least 2 months). Regarding Nabumetone 750mg tab #20 1 tablet two times a day, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Nabumetone. Regarding Biofreeze Tube - 4oz 120gm apply three times a day, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Biofreeze.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg tab #20 1 tab two times a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS also states that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." Within the medical information available for review, there is documentation of diagnoses of epicondylitis - lateral left. In addition, there is documentation of chronic pain and treatment with Nabumetone for at least 2 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Nabumetone. Therefore, based on guidelines and a review of the evidence, the request for Nabumetone 750mg #20 1 tablet two times a day is not medically necessary.

**Biofreeze Tube - 4oz 120gm apply three times a day:** 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 Analgesics Page(s): 111, <http://www.drugs.com/drp/biofreeze-pain-relieving-gel.html>.

**Decision rationale:** An online search identifies that Biofreeze gel is a topical anesthetic used for the temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of Biofreeze. MTUS also states that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." Within the medical information available for review, there is documentation of a diagnosis of epicondylitis - lateral left. In addition, there is documentation of pain and treatment with Biofreeze for at least 2 months. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, given documentation of treatment with Biofreeze for at least 2 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Biofreeze. Therefore, based on guidelines and a review of the evidence, the request for Biofreeze Tube 4oz 120gm apply three times a day is not medically necessary.

