

Case Number:	CM14-0131227		
Date Assigned:	09/19/2014	Date of Injury:	01/05/2009
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 36 year old male with a reported injury on 01/05/2009. The mechanism of injury was not provided. His diagnoses included status post right knee arthroscopic surgery, and right knee pain secondary to internal derangement. The injured worker's past treatments included medication. The injured worker's diagnostic testing included an unofficial MRI of the right knee dated 01/2009 which was noted to reveal complex tear of the medial meniscus and a vertical longitudinal tear of the lateral meniscus, complete tear of the anterior cruciate ligament, chondral lesion of the patella and the medial femoral condyle. The injured worker's surgical history included a right knee arthroscopic surgery. On 05/05/2014, the injured worker reported that the Norco was effective and did not cause him any allergic reaction or difficulty. He reported that the Norco is more effective and that when it takes effect, it can decrease his pain down to a 1/10. Upon physical examination, the injured worker was noted with a slight knee extensor lag. His right knee flexion was approximately 110 degrees, and he was noted with tenderness to palpation on the medial greater than the lateral aspects. The injured worker's medications included Norco 10/325 mg, Neurontin 100 mg, Relafen 750 mg, Biofreeze topical gel, Cymbalta 60 mg, and Docuprene. The request was for Biofreeze gel 2 tubes. The rationale for the request was not provided. The Request for Authorization Form was signed and submitted on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze Gel (2) Tubes: 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.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or (drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. The injured worker reported that Norco can decrease his pain down to a 1-2/10. The documentation did not provide an evaluation of the efficacy of Biofreeze topical gel, as the injured worker was documented to have been taking this medications since at least 12/23/2013. In the absence of documentation with evidence of the efficacy of the medication indicated by the injured worker's decrease pain, increased level of function, or improved quality of life, the request is not supported at this time. Furthermore, as the request was written there is no frequency provided. Therefore, the request is not medically necessary.