

Case Number:	CM14-0169137		
Date Assigned:	10/17/2014	Date of Injury:	11/22/1996
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery 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:

The injured worker is a 62 year-old female who was reportedly injured on November 22, 1996. The mechanism of injury is noted as attempting to catch a patient falling from an operating room table resulting in a low back injury. The most recent progress note dated August 27, 2014, indicates that there are ongoing complaints of low back and lower extremity pain. The physical examination demonstrated a decrease in lumbar spine range of motion, guarding relative to the range of motion, a reduced lumbar spine range of motion and tenderness to palpation. Diagnostic imaging studies objectified the changes consistent with the surgery completed. Previous treatment includes multiple medications, physical therapy, several lumbar fusion surgeries, postoperative rehabilitation (physical therapy) and other interventions. Trigger point injections were completed at the time of the most recent physical examination. A request was made for Biofreeze gel and was not certified in the pre-authorization process on September 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Biofreeze 4% Gel, apply to affected area twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, <https://www.acoempracguides.org/LowBack>; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127..

Decision rationale: This is a female who sustained a lumbar spine injury that resulted in several lumbar fusion procedures, complicated with an MRSA (methicillin resistant staphylococcus aureus) infection and continues to have low back pain complaints and a comorbidity of hypertension. The physical examination completed on August 27, 2014, noted a decrease in range of motion and there are multiple medications (oral analgesics) prescribed. There is nothing in the clinical information presented to suggest any efficacy with the application of this material. As outlined in the MTUS, the use of such topical preparations is "largely experimental" and given that there is no data presented in the progress notes demonstrating the utility of this topical preparation the data necessary to provide endorsement is not presented. As such, this is not medically necessary.