

Case Number:	CM14-0037809		
Date Assigned:	06/25/2014	Date of Injury:	06/13/2012
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 50-year-old male who had a work-related back injury in mid-2012. He has been diagnosed with lumbosacral strain, sprains and strains of the sacroiliac ligament, and sprains and strains of the pelvis. He is currently taking cyclobenzaprine 7.5 mg, biofreeze gel, quazepam 15 mg, and diclofenac 100 mg. He is also participating in a functional restorative therapy program. He continues to have daily 4/10 pain in his lower back with radiates down both of his legs to his feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze 3 oz. roll-on gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The guidelines referenced above state that topical analgesics are recommended for osteoarthritis of joints such as the knee or elbow or other joints amenable to topical treatment. Furthermore, they recommend this treatment for a period of less than 3 months. They do not recommend it for neuropathic pain or for pain in the lower back. Therefore,

biofreeze 3 oz. roll-on gel is not recommended. The request is not medically necessary and appropriate.

Cyclobenzaprine HCL 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The above referenced guidelines state that Cyclobenzaprine is only recommended for short courses of therapy that are shortly after the date of injury. There is no evidence for use beyond 3 weeks. This employee has been taking this medication for much longer than 3 weeks. Therefore, Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.