

Case Number:	CM14-0042383		
Date Assigned:	06/30/2014	Date of Injury:	11/09/2009
Decision Date:	08/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of November 9, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representations, opioid therapy, and topical compounded drugs. In a progress note dated June 2, 2014, the applicant was described as reporting pain complaints ranging anywhere from 4-9/10. The applicant was using oral Norco and Motrin for pain relief. The applicant was asked to employ tizanidine. It was stated that the applicant had started working. In an earlier note of February 10, 2014, the applicant was described as not working. The applicant had heightened low back pain complaints. The applicant was using Norco and Motrin. The applicant was asked to increase her exercise regimen. Medications were refilled. The attending provider did not specifically allude to introduction of the Biofreeze gel on the date in question, February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Freeze lex gel 90gm X2 retrospective (2/10/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing, successful usage of Norco and Motrin effectively obviates the need for largely experimental topical agents such as Biofreeze. It is further noted that the applicant did not proffer any applicant-specific rationale, narrative commentary, or medical evidence so as to support provision of the medication in question on the progress note of February 10, 2014, the date in question. Therefore, the request is not medically necessary.