

Case Number:	CM14-0059965		
Date Assigned:	07/09/2014	Date of Injury:	11/10/2013
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 who reported an injury on 11/10/2013. The mechanism of injury involved a fall. The current diagnoses include shoulder joint pain, cervicalgia, knee pain, cervical degenerative disc disease, lumbar degenerative disc disease, myofascial pain, right hand contusion, chest contusion, lower back pain and left knee sprain. The latest physician progress report submitted for this review is documented on 06/25/2014. The injured worker presented with complaints of ongoing pain. The current medication regimen includes Norco, Prilosec, Naprosyn and Neurontin. Previous conservative treatment includes TENS therapy, acupuncture, home exercise, and medication management. Physical examination revealed an antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen. There was no DWC Form RFA submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Biofreeze gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: California MTUS Guidelines state 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. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.