

Case Number:	CM14-0071658		
Date Assigned:	07/16/2014	Date of Injury:	06/29/2007
Decision Date:	09/03/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This patient is a 57 year old female who has developed chronic low back and left knee pain subsequent to an injury dated 6/29/07. She has been diagnosed with chronic low back pain secondary to degenerative disc disease and facet arthropathy. She also has persistent left knee pain after a total left knee arthroplasty. It is documented that her medications (Celebrex and biofreeze) are working well providing about a 40% improvement in pain and allowing for increased activities. The records provided for review do not go past the medical evaluation performed in Oct. '13. It is not possible to fully evaluate the medical records to see if other NSAID's have been trialed or if there are risk factors associated with NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG # 30, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Celebrex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68, 70.

Decision rationale: MTUS Guidelines support the use of NSAID's for chronic pain especially if associated with inflammatory conditions. Naprosyn is preferred choice if there are no GI risk

factors and it is effective. However, Celebrex can be a reasonable alternative. Inadequate records were sent for review to determine if there are GI risk factors and/or if other NSAID's have been trialed. It is documented that the Celebrex is well tolerated and beneficial. There is inadequate records to conclude that the Celebrex is not consistent with Guidelines. Under these circumstances the Celebrex is medically necessary.

Biofreeze topical analgesic, 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.painmedicineneeds.com/download/Topicals_PMNSE11_WM.pdf.

Decision rationale: MTUS Guidelines do not address the use of over the counter irritants or distractants. Biofreeze is an over the counter product that produces a cooling sensation via the presence of menthol. It is established medical opinion and common medical practice to recommend topical menthol for temporary relief of myofascial or arthritis pain. It is well established in this patient that it has been beneficial and improves her functional activities. There are no Guideline recommendations that support biofreeze as being not medically necessary. Under these circumstances, the over the counter bio-freeze is medically necessary.