

Case Number:	CM14-0073065		
Date Assigned:	09/12/2014	Date of Injury:	10/06/2003
Decision Date:	10/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 61-year-old male with a 10/6/03 date of injury, when injured his back, right leg and shoulder while lifting a heavy stone. The patient underwent L3-L4 discectomy in 2004 and left shoulder rotator cuff repair in 2009. The patient was seen on 1/9/14 with complaints of persistent low back pain with radiation into the right lower extremity as well as left shoulder pain. His pain was 4/10 without medications and 8/10 without medications. He was using Biofreeze on his shoulder. The exam findings revealed tenderness throughout the lumbar paraspinal muscles on the right with positive right leg raising test. The patient had almost full range of motion of the left arm and left shoulder. The patient was seen on 4/30/14 with complaints of continued low back pain and left shoulder pain. The pain was rated 4/10 with medications and 5-8/10 without medications. The patient was using Biofreeze on his shoulder and was using Norco, Paxil, Zanaflex, Promalaxin and Prilosec. The physical examination was not documented. The diagnosis is lumbar degenerative disc disorder, status post shoulder surgery, and status post lumbar discectomy. Treatment to date: physical therapy, work restrictions, medications, acupuncture. An adverse determination was received on 5/16/14 given that the patient was using Biofreeze for chronic shoulder pain without any evidence of improvements and that the shoulder pain was not acute in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Biofreeze #2 tubes (3 month supply) provided on 4/30/14: Upheld

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 FDA (Biofreeze)

Decision rationale: CA MTUS and ODG do not address this issue. Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. The progress notes indicated that the patient was using Biofreeze at least from 1/9/14. However, there is a lack of documentation indicating subjective or objective gains from the treatment. In addition, the patient's pain is chronic and the guidelines recommend the use of Biofreeze for an acute pain. Therefore, the request for Biofreeze #2 tubes (3 month supply) was not medically necessary.