

<b>Case Number:</b>	CM13-0020640		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/01/2002
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 56 year old female, who sustained an industrial injury on 9/1/2002. The current diagnoses are cervicalgia, post laminectomy syndrome of the cervical region, and spasm of muscle. Currently, the injured worker complains of neck pain and increased depression. Physical exam revealed moderate atrophy of the cervical paraspinal muscles with tight bands in the left neck. Range of motion was limited in all directions. She had decreased sensation to touch on the left and right arm. Treatment to date has included medications, physical therapy, trigger point injections, and surgery. The treating physician is requesting Prevacid 30mg #90 and Biofreeze, which is now under review. On 8/20/2013, Utilization Review had non-certified a request for Prevacid 30mg #90 and Biofreeze. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL BIOFREEZE 3OZ SUPPLY, QTY 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The requested TOPICAL BIOFREEZE 3OZ SUPPLY, QTY 3, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck pain and increased depression. Physical exam revealed moderate atrophy of the cervical paraspinal muscles with tight bands in the left neck. Range of motion was limited in all directions. She had decreased sensation to touch on the left and right arm. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, TOPICAL BIOFREEZE 3OZ SUPPLY, QTY 3 is not medically necessary.

**PREVACID 30MG, 1 PO PRIOR TO EACH MEAL, QTY 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested PREVACID 30MG, 1 PO PRIOR TO EACH MEAL, QTY 90, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck pain and increased depression. Physical exam revealed moderate atrophy of the cervical paraspinal muscles with tight bands in the left neck. Range of motion was limited in all directions. She had decreased sensation to touch on the left and right arm. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, PREVACID 30MG, 1 PO PRIOR TO EACH MEAL, QTY 90 is not medically necessary.