

Case Number:	CM13-0047532		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2000
Decision Date:	04/07/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old female, who sustained an industrial injury on 12/22/2000. She has reported bilateral hand injury. The diagnoses have included status post bilateral carpal tunnel release, probable recurrent right carpal tunnel syndrome, left de Quervain's stenosing tenosynovitis and flexor tenosynovitis of right ring finger. Treatment to date has included medications and bilateral carpal tunnel release. Currently, the injured worker complains of pain in right thumb with grasping and gripping. Progress report dated 10/1/13 noted tenderness over the first dorsal compartment of left hand and wrist and decreased sensation to pin prick over the volar aspect of the right thumb, index and middle finger. On 10/25/13 Utilization Review non-certified topical Biofreeze gel to use as needed with 2 refills, noting the lack of documentation of failed trials of first line treatments and there is no documentation these medications are inefficient to manage symptoms. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of topical Biofreeze gel to use as needed with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Biofreeze Gel (to use as needed with 2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Biofreeze gel prn times two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in bio freeze gel is menthol 3.5%. Bio freeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. In this case, the injured workers working diagnoses are status post bilateral carpal tunnel release; probable recurrent right carpal tunnel syndrome; left DeQuervains stenosing tenosynovitis; and flexor tenosynovitis right ring finger. Bio freeze was recommended due to ongoing left thumb pain. The documentation does not contain evidence of failure with first-line medications (antidepressants and anticonvulsants). There are two progress notes in the medical record one from July 2013 and the other, October 2013. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent clinical documentation with guideline recommendations for Biofreeze, topical Biofreeze gel prn times two refills is not medically necessary.