MAXIMUS Federal Services

Case Number:	CM14-0195390		
Date Assigned:	12/03/2014	Date of Injury:	06/18/1998
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck and arm pain reportedly associated with an industrial injury of June 18, 1998. In a Utilization Review Report dated October 27, 2014, the claims administrator approved a request for home health care thrice weekly to help with activities of daily living while denying Biofreeze tubes and partially approving Neurontin 100 mg #60 with three refills of Neurontin 100 mg #60 with no refills on the grounds that the applicant had reportedly failed to profit from the same. The claims administrator stated that its decision was based on an October 9, 2014 follow-up visit.In a February 25, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and knee pain radiating to the bilateral upper extremities. 9/10 pain complaints were noted, reportedly reduced to 3 to 4/10 with medications. The applicant's medication list included Vicodin, Seroquel, Desyrel, Valium, Lodine, Prozac, Prilosec, Inderal, Pamelor, meclizine, Biofreeze gel, and Neurontin. The applicant was wheelchair-bound. The applicant was unable to walk on her toes and heels. Biofreeze gel was dispensed. The applicant was placed off of work, on total temporary disability. On March 14, 2014, authorization was sought for a home health nurse and Biofreeze gel. On April 17, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was using a scooter to move about. The attending provider continued to dispense Biofreeze gel at various points over the course of the claim, including on June 25, 2014. It was stated that the applicant was getting all other medications from another provider. The applicant was again placed off of work, on total temporary disability, on that date. The applicant was using anywhere approximately two to four tablets of Vicodin daily, it was stated on that occasion. On October 9, 2014, the applicant stated that she was struggling with activities of daily living. The applicant was using a walker to move about. The applicant stated that her home health aid had failed to show up on several occasions. The

applicant was still using two to four tablets of Vicodin daily. Neurontin and Biofreeze gel were renewed. Home health care was sought while the applicant was again placed off of work, on total temporary disability

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit," as to whether there have been improvements in pain and/or function achieved as the result of the same. In this case, the applicant was/is off of work, on total temporary disability. The applicant is wheelchair-bound. The applicant remains dependent on opioid agent such as Vicodin and benzodiazepine such as Valium. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin. Therefore, the request was not medically necessary.

Retrospective Biofreeze x 3 tubes, DOS: 10/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 299, 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Product Description

Decision rationale: Based on the product description, Biofreeze gel appears to represent a means of delivering cold therapy through usage of a topical over-the-counter gel. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does support at-home local applications of heat and cold as methods of symptom control for low back pain complaints, as were/are present here, by implication, ACOEM does not support higher-tech or brand name devices for delivering cryotherapy. The Biofreeze gel does seemingly represent a brand name means of delivering cryotherapy which, per the product description, appears to be considerably more expensive than at-home local applications of reusable cold pack. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of ACOEM Practice Guidelines acknowledge that "cost" of a particular medication or physical modality should guide an attending provider's choice of recommendations. Here, the requesting providing has not clearly outlined how, why, and/or if provision of a more expensive Biofreeze gel is preferable to

provision of a less expensive reusable cold pack. Therefore, the request is not medically necessary.