

Case Number:	CM14-0197362		
Date Assigned:	12/05/2014	Date of Injury:	11/16/2013
Decision Date:	01/20/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 35-year-old man who sustained a work-related injury on November 16, 2013. Subsequently, the patient developed chronic low back pain. Prior treatments included: aqua therapy, medications, TENS unit (the patient reports it is soothing, decreases, and numbs pain), acupuncture (not effective), and heat patch. According to a progress report dated November 18, 2014, the patient rated his pain at 5/10 and complained of lumbar spine spasms. On examination, the range of motion was limited by pain. There was severe spasms, left side greater than right. The rest of the exam was deferred because of increase of pain. The patient was diagnosed with lumbar degenerative disc disease, facet arthropathy, lumbar strain, and morbid obesity. The provider requested authorization for the following Flexeril and Biofreeze topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 qhs #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization of Flexeril 10 mg # 30 is not medically necessary.

Biofreeze topical gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to ODG guidelines, Biofreeze is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm). There is no recent documentation of failure or intolerance of oral first line drugs for pain management. Therefore, the prescription of Biofreeze Gel is not medically necessary.