

Case Number:	CM14-0198931		
Date Assigned:	12/09/2014	Date of Injury:	07/19/2012
Decision Date:	01/22/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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:

This is a 48-year-old male with a work related injury dated July 19, 2012. Per the documentation that was dated November 3, 2014, the worker was complaining of low back, right wrist and elbow pain along with a right-sided headache. The worker reported that with his medication the pain was rated five and was tolerable. The pain without medication was rated eight or nine. The worker also reported that acupuncture had helped in the past with the shoulder pain on both sides. Current pain medication included Norco, Naproxen, Xanax and Biofreeze. Physical exam was remarkable for deep tendon reflexes equal and symmetric in the bilateral lower extremities. Ambulation was reported as grossly symmetric. A cervical magnetic resonance imaging showed mild to moderate multilevel disk desiccation with the slight thinning of the C5-C6 and C6-C7. At the C3-C4, mild effacement of the thecal sac in the midline with a small central disk bulge and mild central disk bulge slightly effacing the thecal sac at the C5-C6. A broad-based degenerative disk bulge at one to two millimeters mildly compressing the thecal sac and tiny uncinated spurs without significant foraminal stenosis. Diagnoses at this request included right-sided headache, low back pain, right wrist pain, right elbow pain and neck pain. The utilization review decision dated November 20, 2014 non-certified the request for Biofreeze roll on, count of two. The rationale for the non-coverage was based on guidelines in the Official Disability Guidelines. The California MTUS did not address the use of Biofreeze. Biofreeze cryotherapy gel 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. Ice packs only work for short periods; Biofreeze can last longer without re-application. In this case, the worker was experiencing chronic pain, the prescription would not be indicated in this case, and therefore the request was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One dispensed prescription of Biofreeze roll on #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back-lumbar and thoracic

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 one dispensed prescription of Biofreeze roll on #2 is not medically necessary.