

<b>Case Number:</b>	CM14-0207056		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/07/2009
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 45 year old female who sustained a work related injury to the lumbar spine on June 7, 2009 while working as a registered nurse. The injury occurred when she and other coworkers were moving a patient. The injured worker developed an immediate burning in her back and sharp shooting pains down her legs. A physicians report dated July 31, 2014 notes that the injured worker continued to experience significant pain in her lower back on a daily basis. The pain level varied and ranged from six to nine out of ten on the Visual Analogue Scale. She also reported ongoing depression, poor appetite, weight loss and difficulties with sleep due to the pain. Prior treatment has included pain management, diagnostic testing, physical therapy, chiropractic sessions, a transcutaneous electrical nerve stimulation unit, a steroid injection to the back and psychiatric evaluations. Physical examination on the lumbar spine showed pain with range of motion and tenderness to palpation. Decreased sensation was noted in the left leg. Medications include Norco, Nortriptyline, Lidoderm patch 5%, Flexeril, Pepcid, Ambien and Biofreeze. Diagnoses include major depression recurrent, Lumbago, intervertebral disc with myelopathy lumbar region and displacement of intervertebral disc site unspecified, without myelopathy. The pain medication Norco was noted to be effective for pain and allows her to function. Peer review documentation dated December 1, 2014 makes reference to physicians' reports dated September 4, 2014 and November 6, 2014. However, the documents were not found in the submitted records. The treating physician requested the prescriptions Pepcid 20 mg # 30 and Biofreeze # 32. Utilization Review evaluated and denied the requests on December 2, 2014. The request for Pepcid was denied based on CA MTUS Chronic Pain Medical Treatment

Guidelines. There is lack of documentation of a history of peptic ulcer disease, gastrointestinal symptoms and concurrent use of Aspirin, corticosteroids or other anti-coagulants. In addition, there is lack of documentation of any high dose/multiple non-steroidal anti-inflammatory drugs. Therefore the request is non-certified. The request for Biofreeze was denied based on CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics. There is lack of documentation in the medical records of failure of oral medications. Therefore, the request is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Biofreeze #32:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, section on hot/cold packs

**Decision rationale:** This patient presents with back pain, bilateral leg pain, left calf/toe pain, tailbone pain, bilateral knee pain. The treater has asked for BIOFREEZE #32 on 7/21/14. The patient was using biofreeze on 1/2/14 per 7/31/14 QME. The patient is currently using biofreezer per 7/21/14 report. Regarding Biofreeze cryotherapy gel with main ingredient being menthol, ODG low back chapter recommends 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. In this case, the patient presents with chronic back pain, whereas menthol is indicated for acute back pain. This patient presents with chronic pain conditions with no flare-up's or new injuries for which Biofreeze may be indicated. The request IS NOT medically necessary.

**Pepsid 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** This patient presents with back pain, bilateral leg pain, left calf/toe pain, tailbone pain, bilateral knee pain. The treater has asked for PEPCID 20G #30 on 7/21/14. It is not known how long patient has been taking Pepsid, but patient is currently taking Pepsid per 7/21/14 report. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to

NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD for which an H-2 receptor antagonist may be indicated. The treater does not explain why this medication is being prescribed. No GI risk assessment is provided to determine a need for GI prophylaxis with an H-2 antagonist either. The request IS NOT medically necessary.