

<b>Case Number:</b>	CM14-0207701		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/18/2007
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old male with a 7/18/2007 date of injury. He was pushing a cart on wheels up a ramp when it got stuck on the ramp. His leg twisted and his back hit the side wall. A progress report dated 12/4/14 noted subjective complaints of neck, back, and leg pain. Objective findings included decreased cervical ROM and lumbar muscle spasm. Diagnostic Impression: myofascial pain syndrome, low back pain. Treatment to Date: medication management, prior ESIA UR decision dated 12/8/14 certified the request for Tylenol #3 BID #90. It denied Tylenol #4 QD prn #30. There is no provided rationale for prescribing both Tylenol #3 and Tylenol #4. It also denied Biofreeze roll #2 tubes. Documentation does not identify failure of oral NSAIDs, antidepressants, or anticonvulsants to support the use of Biofreeze.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 b.i.d #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly document objective functional benefit derived from opiate use. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tylenol #3 BID #90 was not medically necessary.

**Tylenol #4, qd prn 330:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly document objective functional benefit derived from opiate use. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tylenol #4 QD #30 was not medically necessary.

**Biofreeze roll #2 tubes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Biofreeze).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The FDA notes that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. However, there is no clear documentation of failure of a trial of antidepressants or anticonvulsants. Additionally, guidelines state that topical analgesics are largely experimental. Continued use of Biofreeze is not warranted, especially in the absence of documentation of objective functional benefit derived from its use. Therefore, the request for Biofreeze roll #2 tubes was not medically necessary.