

Case Number:	CM15-0104977		
Date Assigned:	06/09/2015	Date of Injury:	11/13/2012
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 42-year-old male, with a reported date of injury of 11/13/2012. The diagnoses include bilateral shoulder sprain/strain, bilateral anterior elbow tendon sprain/strain, and bilateral disc sprain/strain. Treatments to date have included oral medications, and myofascial release with benefit. The progress report dated 04/30/2015 indicates that the injured worker continued to have pain in the bilateral scapular region, and the left more than the right elbow. It was noted that he had very good relief of his pain with use of Biofreeze. It was also noted that the Biofreeze allowed the injured worker to maintain his current job duties. The objective findings include good upper extremity range of motion, good upper extremity strength, intact upper extremity sensation, and tenderness to palpation across the scapular region on the left more than the right. The treating physician requested Biofreeze 100mg times five (5) tubes. The plan was to apply the medication three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze 100 mg Qty 5 tubes: 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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Biofreeze cryotherapy gel.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic bilateral shoulder pain. Myofascial release and Biofreeze have been of benefit. The claimant is working. Physical examination findings included bilateral peri- scapular tenderness. Biofreeze Gel contains menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. It is recommended as an optional form of cryotherapy for acute pain. In this case, the claimant is being treated for chronic pain without identified new injury or exacerbation. Therefore Biofreeze Gel was not medically necessary.