

<b>Case Number:</b>	CM15-0130832		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/18/2007
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 38-year-old, female who sustained a work related injury on 1/18/07. The diagnoses have included thoracic strain/sprain, lumbar strain/sprain and chronic pain syndrome. Treatments have included oral medications, topical creams and gel/spray, chiropractic treatments, electrical stimulation, and heat/ice therapy. In the PR-2 dated 6/18/15, the injured worker complains of ongoing neck, mid back and low back pain. She rates her pain level a 5/10. She describes the pain as constant, achy and burning. She has stiffness and muscle weakness. She has myospasm in bilateral trapezius muscles. She has decreased range of motion in her neck. She has painful and decreased range of motion in her back. She is not working. The treatment plan includes requests for chiropractic treatments, for continued use of her E-Stim unit and for Biofreeze gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound BioFreeze Gel 4%, apply 3 times daily as needed, 89 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per CA MTUS guidelines, Biofreeze is a topical analgesic agent that contains camphor and menthol. Although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no information available on the use of camphor and menthol in a topical preparation. Since use of this topical analgesic gel is not recommended, the requested treatment of Biofreeze gel is not medically necessary.

**E-Stim unit, home:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electrical Muscle Stimulation (EMS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Per CA MTUS guidelines, electrical muscle stimulation (E-Stim) is not recommended. There is no evidence to support the use of E-Stim for chronic pain. It is used primarily in the rehabilitation of stroke patients. It may be useful in a supervised physical therapy program to work on atrophied upper extremity muscles. She has been using this device for an extended period of time. There is insufficient documentation on how it is decreasing her pain levels and improving her functional capacity. Since its use is not recommended and there is insufficient documentation on how it is working to improve her pain and functional capabilities, the requested treatment of an E-Stim unit is not medically necessary.