

Case Number:	CM15-0145575		
Date Assigned:	08/06/2015	Date of Injury:	09/16/2013
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

The injured worker is a 44 year old female who sustained an industrial injury on 09-16-13. Initial complaints and diagnoses are not available. Treatments to date include medications, topical agents, daily exercise, psychological counseling, and Functional Restoration Program. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include muscle spasm, lower back injury, low back pain, displacement of lumbar intervertebral disc, and chronic pain syndrome. In a progress note dated 07-07-15 the treating provider reports the plan of care as continued medications including Lyrica and Biofreeze. The requested treatment includes Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze gel 4% 118ml tube #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Biofreeze gel 4% 118ml tube #1 is not medically necessary and appropriate.