

Case Number:	CM15-0147771		
Date Assigned:	08/10/2015	Date of Injury:	06/07/2009
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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 46 year old female, who sustained an industrial injury on June 7, 2009. Treatment to date has included medications, TENS unit, chiropractic therapy, diagnostic imaging, H-wave therapy, anti-depressants, and durable medication equipment. Currently, the injured worker complains of low back pain. She reports that after her chiropractic visits she has swelling in the leg and shooting pain into the bilateral lower extremities. She reports swelling of the wrist due to pressure applied to it when using her cane. The injured worker notes that she has difficulty sleeping due to pain. On physical examination, the injured worker has pain with lumbar range of motion and left lower extremity pain and numbness. She has an antalgic gait and decreased sensation in the left S1 distribution. The diagnoses associated with the request include lumbago, lumbar disc disease with myelopathy, lumbar intervertebral disc displacement. The treatment plan includes continued use of TENS unit, Norco, Lidoderm patch, Flexeril, Pepcid, Biofreeze and Sween cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sween cream 12oz x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for the Management of Common Dermatological Disorders in Primary Care (2nd Edition), 2004.

Decision rationale: The claimant sustained a work-related injury in July 2009 and is being treated for radiating low back pain and wrist pain related to use of a cane. When seen, she was having swelling of the lower extremities after chiropractic treatments. There was an antalgic gait. There was pain with lumbar range of motion, which was decreased. There was decreased left lower extremity sensation. Sween Cream is a moisturizer indicated for the treatment of dry skin, minor burns, or for wound care after surgery. There is no clinical indication identified for the use of this product in the documentation submitted for review. It is not medically necessary.

Biofreeze 32oz (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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 July 2009 and is being treated for radiating low back pain and wrist pain related to use of a cane. When seen, she was having swelling of the lower extremities after chiropractic treatments. There was an antalgic gait. There was pain with lumbar range of motion, which was decreased. There was decreased left lower extremity sensation. 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. Biofreeze Gel was not medically necessary.