

Case Number:	CM15-0148500		
Date Assigned:	08/11/2015	Date of Injury:	12/31/2014
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58-year-old male who sustained an industrial injury on 12-31-2014 due to a motor vehicle accident. Diagnoses include strain, cervical spine. Treatment to date has included medications, epidural steroid injection, physical therapy, acupuncture, chiropractic treatment and extracorporeal shockwave therapy. According to the Doctor's First Report of Occupational Injury or Illness dated 1-9-2015, the IW (injured worker) reported pain in the shoulder blades and neck rated 5 out of 10, associated with stiffness. On examination, there was no bruising, redness or abrasion. There was pain on motion at 5 degrees extension. There was also slight tenderness on palpation over C3 through C7 with mild tenderness on palpation to the bilateral paracervical musculature. Range of motion was normal. Lhermitte sign was negative. Cranial nerve function II-XII was grossly intact. Light touch and pain sensation was normal. Reflexes were normal and grip strength was good bilaterally. No acute changes were noted on the cervical spine x-ray. A request was made for retrospective review for Biofreeze with Ilex gel #112 for date of service 1-9-2015 and instant cold packs for date of service 1-9-2015; these items were dispensed to the IW with instructions to use them to reduce pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Biofreeze with Ilex gel #112, date of service: 01/09/2015: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Retrospective request for cold packs, date of service: 01/09/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: Adjustment or modification of workstation, job tasks, or work hours and methods, Stretching, Specific neck exercises for range of motion and strengthening, At-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs, Relaxation techniques, Aerobic exercise, 1-2 physical therapy visits for education, counseling, and evaluation of home exercise, Cold packs are only indicated in the first few days of injury and therefore the request is not medically necessary.