

Case Number:	CM15-0181496		
Date Assigned:	09/22/2015	Date of Injury:	01/16/2003
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of January 16, 2003. In an August 28, 2015 office visit, the claims administrator approved a request for Norco while denying a request for Biofreeze gel. An August 6, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of low back, neck, and knee pain. The applicant had undergone multiple knee surgeries. Norco and Biofreeze gel were endorsed while the applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. The applicant reported difficulty transferring and walking secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze gel (large tube) Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, and Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Biofreeze® cryotherapy gel.

Decision rationale: Yes, the request for Biofreeze gel was medically necessary, medically appropriate, and indicated here. The applicant's primary pain generators, per the August 6, 2015 office visit at issue, were the neck, low back, and knee. The MTUS Guideline(s) in ACOEM Chapter 8, Table 8-5, page 174, ACOEM Chapter 12, Table 12-5, page 299, and ACOEM Chapter 13, Table 13-3, page 338, all note that at-home local applications of heat and cold are recommended as methods of symptom control for applicants with neck, upper back, low back, and/or knee pain complaints, all of which were seemingly present here on or around the date of the request, August 6, 2015. The Biofreeze gel at issue represents a simple, low-tech means of administering cryotherapy, which, per ODG's Low Back Chapter is "recommended" as an optional form of cryotherapy. While it is acknowledge that the attending provider failed to incorporate any seeming discussion of medication efficacy into his August 6, 2015 office visit, here, however, the low-tech and inexpensive nature of the Biofreeze gel at issue do make a compelling case for usage of the same, particularly in light of the fact that page 67 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend non-prescription medications and/or non-prescriptions agents such as the Biofreeze gel at issue. Therefore, the request was medically necessary.