MAXIMUS Federal Services

Case Number:	CM15-0196239		
Date Assigned:	10/09/2015	Date of Injury:	06/05/2002
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 59-year-old male with a date of industrial injury 6-5-2002. The medical records indicated the injured worker (IW) was treated for lumbar radiculopathy; spinal-lumbar degenerative disc disease; cervical pain; and post cervical laminectomy syndrome. In the progress notes (9-2-15), the IW reported back pain radiating down both legs. He rated the pain 7 out of 10, which was increased since his last visit (8-5-15). He rated his pain 9 out of 10 without medications. His activity level was decreased, per the notes, and his medications were less effective. His primary care physician prescribed his opiate pain medication, but there was a physician change. The new physician did not want to continue prescribing opiates. Medications included Biofreeze gel and Lyrica. On examination (9-2-15 notes), his gait was slow and antalgic, with the assistance of a walker. Range of motion of the cervical spine was restricted by pain and tenderness, tightness and spasms were present in the paravertebral muscles and the trapezius. There was also tenderness over the C6 and C7 spinous processes. Spurling's maneuver caused pain in the neck muscles radiating to the left upper extremity. Range of motion of the lumbar spine was restricted and there was tenderness, spasms, tight muscle bands and trigger points noted in the bilateral paravertebral muscles. Straight leg raise was positive on the right. Sensation to pinprick was decreased over the lateral foot and lateral calf bilaterally. There was tenderness to palpation over the lateral and medial joint lines of the bilateral knees and over the patella. There was crepitus with active motion. Treatments included Lidoderm patch (ineffective), cervical fusion C4-C7 (2004), numerous lumbar epidural steroid injections (last one 3-13-15), lumbar facet joint blocks and lumbar medial branch neurotomies (L2-S1 in

2007). He was also seen by a psychologist. The treatment plan included continuing current medications. A Request for Authorization was received for Biofreeze with Ilex gel 0.2-3.5%, #1. The Utilization Review on 9-16-15 non-certified the request for Biofreeze with Ilex gel 0.2-3.5%, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze with Ilex gel 0.2-3.5% #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Biofreeze cryotherapy gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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.