

<b>Case Number:</b>	CM15-0023392		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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: Arizona, California  
 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:

The injured worker is a 57 year old male, who sustained an industrial injury on June 17, 2011. The diagnoses have included chronic neck and upper extremity pain, cervical disc bulge, chronic persistent headaches, left shoulder impingement syndrome with acromioclavicular joint arthritis, right shoulder surgery, tendinosis, partial thickness tear, osteoarthritis and tenosynovitis. A progress note dated December 31, 2014 provided the injured worker complains of ongoing neck and shoulder pain. Physical exam notes cervical and shoulder tenderness. Op-report of left shoulder dated January 2, 2015 appeared to have no complications. On January 6, 2015 utilization review non-certified a request for 2 tubes of bio freeze and Relafen 750mg #60. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain topical analgesics guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 7, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 tubes of biofreeze:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Biofreeze contains Menthol . There is lack of evidence to support the use of Menthol. Topical analgesics are not indicated for extended duration. The claimant had been on Biofreeze since atleast August 2014. Continued use of Biofreeze is not medically necessary.

**Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. The claimant had been on Relafen in combination with Norco. There was no indication for opioid and NSAID use. It was noted in 12/31/14 that the claimant would run out of medications prior to time of refill and was not managing medications well. The long-term NSAID use has renal and GI risks. Continued use of Relafen is not medically necessary.