

Case Number:	CM15-0223925		
Date Assigned:	11/20/2015	Date of Injury:	05/07/2012
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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, 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:

This injured worker is a 66 year old female who reported an industrial injury on 5-7-2012. Her diagnoses, and or impressions, were noted to include: neuropathic burning component of pain across her neck and shoulders, improved with Lyrica; bilateral shoulder tendinopathies; severe cervical spondylosis with history of syringohydromyelia and headaches related to post- concussive head and neck injury; and history of dysphagia symptoms from medications, stable on Omeprazole. No current imaging studies were noted; MRI of the cervical spine and brain were done on 6-6-2012. Her treatments were noted to include medication management with toxicology studies. The progress notes of 9-2-2015 reported complaints which included: ongoing, constant neck pain, tension headaches, bilateral shoulder cramps, muscle spasms, pain in her supra and sterno-clavicular regions and joints, and bilateral hands, with triggering; that her medications improve her pain and level of function and activities of daily living, and that Bio freeze Gel provided good myofascial pain relief. The objective findings were noted to include: limited neck range-of-motion in all planes with positive cervical compression test, and muscles spasms across the bilateral cervical para-spinal and cervical trapezius muscles; tenderness over the sterno-clavicular joints with subluxation of the joints bilaterally, crepitus in the joints with positive bilateral impingement signs of the shoulders; positive Phalen's and Tinel's signs of both hands, and positive Finkelstein maneuvers in both wrists. The physician's request for treatments was noted to include Bio freeze spray for her myofascial pain. The Utilization Review of 10-15- 2015 modified the request for Bio freeze 4 ounces, #12 tubes, to #4 tubes. The medication list includes Lyrica, Cymbalta, Nortryptiline, Hysingla and Omeprazole. The patient sustained the injury due to MVA. The patient's surgical history include left knee surgery and breast reduction. The patient has had history of GI upset with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze 4oz tube #12: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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

Decision rationale: Biofreeze 4oz tube #12 According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is “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. There is little to no research to support the use of many of these agents.” MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the Biofreeze 4oz tube #12 is not fully established in this patient.