

Case Number:	CM15-0031894		
Date Assigned:	02/25/2015	Date of Injury:	12/10/2001
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 12/10/2001. The mechanism of injury was not stated. The current diagnoses include chronic neck pain, history of cervical fusion in 04/2005, right carpal tunnel syndrome, and cervical degenerative disc disease. The injured worker presented on 01/26/2015 for a follow-up evaluation regarding ongoing neck pain with bilateral upper extremity radicular symptoms. The current medication regimen includes Percocet 5/325 mg, Ultracet 37.5 mg, Nuvigil, Pristiq, Ritalin, Biofreeze gel, and Imitrex 50 mg. Upon examination of the cervical spine, there was limited range of motion with extension less than 0 degrees and restricted right rotation. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Biofreeze (DOS: 1/26/2015): 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 and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, it was noted that the injured worker had utilized Biofreeze since 2012. There was no documentation of objective functional improvement despite the ongoing use of this topical analgesic. Additionally, the request as submitted failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.