

Case Number:	CM15-0031943		
Date Assigned:	02/25/2015	Date of Injury:	07/25/2001
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
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:

This injured worker is a 58 year old male with a reported injury date of 07/25/2001. Mechanism of injury is not noted. Diagnoses include post laminectomy syndrome - cervical, and lumbar strain, 722.81, 847.2, 723.4, and 724.4. Prior treatments have included surgery, activity modifications, therapy, medications and DME. A recent MRI is mentioned in the clinical note but not present in the record, the injured worker is to be evaluated for lumbar surgery. Prior surgical history includes an ACDF in 2004, with a revision in 2007. During the office visit of 02/25/2015 the injured worker complained of pain in the low back and lower extremities, with increasing weakness. He reported difficulty walking and standing, with numbness and tingling, burning, and electrical sensations. He reported his VAS as 9-10/10 without medications, and as low as a 3/10 with. The exam findings showed the injured worker in mild-moderate discomfort, he presented in a wheelchair. There was tenderness to palpation with 1+ spasm in the right side cervical paraspinal processes. Cervical flexion 40 degrees, extension 25 degrees, and bilateral rotations 40 degrees. Global weakness in the right upper extremity at 3/5, and hypesthesia in the right C6-C7 dermatomes noted. Reflexes trace on the right upper extremity, 2+ on the left. Tenderness to palpation noted in the bilateral lumbar paraspinal processes from L4-S1. Lumbar flexion was 30 degrees and extension was 10 degrees. Straight leg raise was positive bilaterally at 30 degrees. Decreased muscle strengths noted in the bilateral lower extremities, 4/5 for all groups on the left, and 3-4/5 for all groups on the right. Decreased sensation right greater than left lower extremity in the L4, L5 and S1 dermatomes. Reflex tests on the right were 0 knee, and trace ankle. Medications include Oxycontin 30mg, morphine IR, Gabapentin 600mg, and

Laxacin 50/8.6. The patient had previously tried Lyrica without benefit. The request is for a trial of Bio-freeze, 118ml, two bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Bio-Freeze 118ML, two bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The requested treatment plan was for a trial of bio-freeze 118ml, 2 bottles, to assist the injured worker in relief of neuropathic pain complaints. There was no neuropathic pain noted in myotomal patterns. The guidelines recommend that topical analgesics are not a first-line remedy for pain relief, but may be considered after trials of anti-convulsants and anti-depressants have failed. The clinicals provided note the injured worker has tried Lyrica, and anti-convulsant, without benefit, but there is no notation of an anti-depressant trial. The body parts to be treated are not specified in the documentation of the request. The request for a trial of bio-freeze is not medically necessary.