

Case Number:	CM15-0084465		
Date Assigned:	05/06/2015	Date of Injury:	07/13/2014
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 29 year old male with an industrial injury dated 07/13/2014 resulting in a back injury. His diagnoses included low back pain and thoracic spine pain. Prior treatments included medial branch block, physical therapy, chiropractic therapy, anti-inflammatories, Lidoderm and acupuncture. He presents on 04/09/2015 with complaints of feeling "unstable" with the Topamax. His mood "fluctuated widely." He stated when he decreased the Topamax to 1 a day he was doing quite well. He also stated the Relafen was definitely helpful and with his medication he was able to keep his pain anywhere from a 4/10-5/10 which he describes as tolerable. His current medications were Relafen, Topamax and Bio freeze topical. Physical exam noted limited lumbar spine range of motion in both flexion and extension. Treatment plan included Topamax and Bio freeze. The injured worker was to see an evaluator in either June or July. Work restrictions included no lifting, pushing or pulling greater than 20 pounds. No repetitive bending or stooping and no use of heavy equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze roll prn #2 refills 3: 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 Topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain unrelieved by antidepressants and anticonvulsants. Any compound that contains at least one drug that is not recommended is not recommended. Guidelines do not support use of topical menthol and camphor. Thus, the request for Biofreeze is not medically appropriate and necessary.