MAXIMUS Federal Services

Case Number:	CM15-0086656		
Date Assigned:	05/11/2015	Date of Injury:	12/26/2010
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old male, who sustained an industrial injury on 12/26/2010. He reported feeling pain in his lower back after moving heavy drums. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic residual low back pain and mild chronic residual left S1 radiculopathy. Treatment and diagnostics to date has included lumbar spine MRI, electrodiagnostic studies, epidural steroid injection, physical therapy, chiropractic treatment, acupuncture, and medications.In a progress note dated 03/12/2015, the injured worker presented with complaints of low back pain. Objective findings include limited lumbar spine range of motion. The treating physician reported requesting authorization for retrospective Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Biofreeze Roll On quantity 2 bottles with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines.

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

Decision rationale: Retrospective Biofreeze Roll On quantity 2 bottles with one refill is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.