MAXIMUS Federal Services

Case Number:	CM15-0120055		
Date Assigned:	06/30/2015	Date of Injury:	06/23/2003
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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
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 42 year old female, who sustained an industrial injury on June 23, 2003. Treatment to date has included medications and Maxifreeze. Currently, the injured worker complains of bilateral upper extremity, right shoulder and neck pain. On physical examination the injured worker has normal muscle tone in the bilateral upper and lower extremities. A physician's evaluation on March 17, 2015 revealed the injured worker has been using Maxifreeze twice each day on her arms and cervicobrachial area. She uses this while at work to help her tolerate her work activities and she uses it before bedtime to feel more comfortable at night. The diagnoses associated with the request include cervicobrachial syndrome, sprain/strain of the neck, sprain/strain of the thoracic region. The treatment plan includes hydrocodone/apap and Maxifreeze roll-on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Max Freeze gel 3.7% QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Low Back -Lumbar & Thoracic (Acute &Chronic) Chapter, Biofreeze® cryotherapy geldrugstore.com.

Decision rationale: Based on the 03/17/15 progress report provided by treating physician, the patient presents with neck pain that radiates into both upper extremities. The request is for Max Freeze Gel 3.7% Qty: 4.00. RFA with the request not provided. Patient's diagnosis on 06/02/15 included cervicobrachial syndrome, sprains and strains of neck, and sprain strain thoracic region. Physical examination findings are unremarkable. Patient's medications include Hydrocodone, Prilosec, Prozac, Colace, Imitrex, Iron and Max freeze Roll on. The patient is permanent and stationary, per 06/02/15 report. Treatment reports were provided from 03/13/14 - 06/02/15. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition.According to drugstore.com: Max Freeze: "Active Ingredients: Camphor 0.2% (Topical Analgesic), Menthol (3.7%) (Topical Analgesic)" Biofreeze: "Active Ingredients: Menthol (4%) (USP)" ODG-TWC, Low Back -Lumbar & Thoracic (Acute &Chronic) Chapter, Biofreeze cryotherapy gel: "Recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group." Max freeze has been included in patient's medications, per progress reports dated 01/20/15, 03/17/15 and 06/02/15. Per 03/17/15 report, treater states the patient "has been using Maxifreeze with benefit. She uses this on a daily basis at least twice a day on her arms and cervicobrachial area. She uses this while at work to help her to tolerate her work activities. She also uses before bedtime which helps her to be more comfortable during the night." Given the patient's persistent neck and upper extremity pain, and relatively cost-effectiveness of this gel, the request may be reasonable to treat acute flare-ups. However, the patient presents with a chronic pain condition for which the requested Menthol gel is not indicated. Furthermore, the patient has been using this topical at least since 01/20/15, which is almost 5 months to UR date of 06/12/15. Treater does not discuss how patient is doing and why she needs to continue. Moreover, the request for quantity 4 is excessive. MTUS requires on-going monitoring by the treating physician. Therefore, the request is not medically necessary.