

Case Number:	CM15-0034898		
Date Assigned:	03/03/2015	Date of Injury:	01/07/2008
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old female, who sustained an industrial injury on 01/07/2008. The diagnoses have included chronic left shoulder pain and chronic right shoulder pain. Noted treatments to date have included Transcutaneous Electrical Nerve Stimulation Unit and medications. Diagnostics to date have included left shoulder MRI on 10/25/2013 with evidence of prior rotator cuff repair only with some tendinosis of the supraspinatus and right shoulder MRI on 10/25/2013 showed atrophy of the supraspinatus muscle with partially torn tendon per progress report. In the same progress note dated 01/21/2015, the injured worker presented with complaints of bilateral shoulder pain. The treating physician reported that medications are still providing the injured worker with a satisfactory response with reduction of pain and improvement in function and quality of life. Utilization Review determination on 02/13/2015 non-certified the request for Biofreeze Tubes #2 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Biofreeze tubes: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to ODG guidelines, "Biofreeze is 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" (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm). There is no recent documentation of failure or intolerance of oral first line drugs for pain management. There is no documentation of functional improvement with the previous use of Biofreeze. Therefore, the prescription of 2 tubes of Biofreeze is not medically necessary.