

Case Number:	CM15-0067994		
Date Assigned:	04/15/2015	Date of Injury:	06/10/2008
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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, 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 48 year old male patient who sustained an industrial injury on 06/10/2008. A primary treating office visit dated 11/11/2014 reported the patient able to participate in activities such as walking for an hour or performing light house work. Current medications are: Norco, Tylenol ES, Naproxen, Prilosec, Ambien, and Biofreeze gel. The following diagnoses are applied: low back pain with herniation; lumbar radiculopathy, and right shoulder pain. The plan of care involved: prescribing Norco #60, as well as postdating a prescription for Norco # 80 lasting over five weeks. He is also given Naproxen, Prilosec, and Biofreeze. A primary treating follow up dated 01/29/2015 reported the patient with pending sleep study. No change in medications, or diagnoses. The plan of care noted prescription, urine screening, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio freeze roll on PRN 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Biofreeze, CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Biofreeze is not medically necessary.