MAXIMUS Federal Services

Case Number:	CM15-0075934		
Date Assigned:	04/27/2015	Date of Injury:	01/29/2010
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 38 year old female, who sustained an industrial injury on 01/29/2010. Treatment to date has included MRI, medications and physical therapy. According to a progress report dated 03/05/2015, the injured worker was having shoulder surgery the following day. Pain was not addressed in this report. Current medications included Norco, Relafen, Celexa and Biofreeze gel. Diagnoses included right shoulder pain, thoracic spine pain, low back pain, neck pain and a history of carpal tunnel syndrome as per medical records. Treatment to date has included MRI, medications and physical therapy. Treatment plan included Norco, Relafen, Celexa and Biofreeze roll-on and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze roll-on, quantity 2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Biofreeze Cryotherapy Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. Medical records document a history of neck, back, shoulder complaints. Arthroscopic shoulder surgery was performed 3/6/15. Date of injury was 01-29-2010. The occupational injuries are not acute. Biofreeze was requested. Biofreeze is a nonprescription topical agent with the active ingredient Menthol. Biofreeze is an over-the-counter topical gel. Topical analgesics in general are not supported by MTUS guidelines. Therefore, the request for Biofreeze is not supported by MTUS guidelines. Therefore, the request for Biofreeze is not medically necessary.