

Case Number:	CM13-0034843		
Date Assigned:	12/11/2013	Date of Injury:	09/25/2008
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old male with stated date of injury of 9/25/08. Per report dated 9/18/13 ([REDACTED]), subjectively there is low back pain (LBP) that radiates to both lower extremities, and neck pain that radiates to upper extremities. Pain at 7 of 10 with medications and 10 of 10 without medications. Lumbar MRI is pending. Orthopedic report dated 6/18/13 notes future medical care of oral medications; consideration surgical removal of hardware removal. He has not worked since the date of injury. Orthopedic report dated 2/16/12 notes he is currently not taking any medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze 4% gel #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111.

Decision rationale: Biofreeze contains isopropyl alcohol, L-menthol, glycerine and propylene glycol. The use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request for requested Biofreeze 4% gel is considered not medically necessary based on the above guidelines.