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| Case Number: | CM13-0042357 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 10/02/2012 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 43 year old female who was injured on 10/02/2012. During the course of her employment, she gradually started experiencing pain in her shoulder blades, upper middle, and lower back, which she attributes to the prolonged sitting and repetitive typing. She states that she also experienced tingling in her fingers. Prior treatment history has included Tylenol, Codeine, and physical therapy. Diagnostic studies reviewed include: MRI of the cervical spine performed on 06/27/2013 revealed; Mild posterior disc degeneration at C3-4 through C6-7, A 2 mm right postero-lateral disc protrusion at C4-5 contributes to mild right C4-5 foraminal encroachment, A 2 mm right postero-lateral disc protrusion at C5-6 does not significantly impinge, The cervical spinal cord demonstrates normal signal intensity and girth. MRI of the lumbar spine performed on 06/27/2013 revealed. Mild disc desiccation at L5-S1; posterior disc contour is preserved throughout the lumbar spine without evidence of neural impingement or spinal canal stenosis, There is mild left L4-5 facet joint arthropathy and mild left greater than right L5-S1 facet joint arthropathy. Physician's progress report dated 09/23/2013 indicated the patient has been having increasing pain to her neck and getting headaches and pain to her lower back. She states that at work, she does prolonged sitting and computer work, which causes her to have increasing pain. Objective findings on exam revealed midline and paraspinal tenderness of the cervical spine. There is tenderness over the right trapezial region. There is decreased range of motion of the cervical spine. The head compression test causes neck pain; reflexes are symmetrical. The patient is diagnosed with cervical spine discogenic neck pain with radiculopathy and lumbar spine discogenic back pain with radiculopathy. It is recommended that this patient will need to continue with the cervical stabilization exercises. Because the oral anti-inflammatory medication causes her side effects, she should discontinue the use of the medication and continue with topical creams only.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE 120MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: BIOFREEZE
[HTTP://WWW.DRUGS.COM/DRP/BIOFREEZE-PAIN-RELIEVING-GEL.HTML](http://www.drugs.com/drp/biofreeze-pain-relieving-gel.html)

Decision rationale: The CA MTUS guidelines state topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the information found by online search, Biofreeze is a topical gel containing the active ingredient menthol 3.5%, marketed to provide temporary relief from minor aches and pains of sore muscles and joints. The medical report dated 9/23/2013 states because the oral anti-inflammatory medication causes her side effects, she was recommended to continue topical creams. However, the medical records do not specify or detail the type of side effects she has experienced. In addition, the medical records do not indicate other oral analgesic NSAIDs have been tried, which would be considered first-line intervention. The medical necessity of Biofreeze has not been established, and is recommended at non-certified.