

<b>Case Number:</b>	CM13-0045571		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/04/2001
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 65 year old female who reported an injury on 09/07/2001 of unknown mechanism. In the clinical note dated 12/02/2013 the injured worker complained of increased lower back pain located on both sides of her back which radiates to buttocks, down her legs. It was noted that she was taking 12 tablets of Norco 10/325mg per day, Soma 350mg for pain control and used Biofreeze roll to help control pain as well. The physical exam documented moderate plus tenderness in paraspinal muscles and at the sacroiliac joints. The treatment plan included the continuation of Norco, Soma and an added prescription for Motrin 800mg and the request of Biofreeze. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOFREEZE ROLL ON, #12:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Biofreeze roll on #12 is not medically necessary. The California MTUS guidelines state that topical analgesics, such as Biofreeze, are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. Biofreeze's main active ingredient is menthol. The guidelines state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not noted in the guidelines. The clinical notes stated the injured worker had been using Biofreeze but no documentation of the efficacy was noted. In addition, the request for 12 rolls is excessive. Therefore, the request for Biofreeze roll on #12 is not medically necessary and appropriate.