

<b>Case Number:</b>	CM13-0054091		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 25, 2008. Thus far, the patient has been treated with the following: Analgesic medications; prior lumbar laminectomy surgery; a lumbar support; topical agents; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 28, 2013, the claims administrator denied a request for lumbar support, denied a Biofreeze gel, and denied a random urine drug screen. The patient's attorney subsequently appealed. It is noted that the claims administrator based its denial of Biofreeze gel seeming on the grounds that the Biofreeze Gel represented a form of topical analgesic or topical compound. In a January 24, 2013 progress note, it is noted that the patient is off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze 4% Gel:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ebbbe9cb-b1ce-4dac-9fca-f54a2470c4fb>

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, at-home applications of heat and cold are recommended and are as effective as those performed by therapist or, by implication, those delivered via high-tech means. In this case, based on the product description and based on the National Library of Medicine website, the Biofreeze gel does essentially represent topical application of cold therapy. This is endorsed as part and parcel of self-care, per ACOEM. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.