

<b>Case Number:</b>	CM14-0009952		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/23/1996
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 65-year-old male who was injured on October 3, 1996. The patient continued to experience pain in his shoulders. Physical examination was notable for tenderness at the distal end of the right clavicle with mild weakness on internal rotation and moderate tenderness at the end of the left clavicle. Diagnoses included bilateral shoulder impingement syndrome, and rotator cuff injury. Treatment included medications and TENS unit. Request for authorization for Roll-on Biofreeze # 12 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ROLL-ON BIOFREEZE #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylate topicals Treatment Guidelines from The Medical Letter, Issue 128, p 31 Drugs for pain.

**Decision rationale:** Biofreeze is topical menthol. Topical analgesics containing menthol, are available over the counter for the relief of mild muscle and joint pain. While generally well-tolerated, there have been rare reports of severe skin burns requiring treatment or hospitalization.

There is no comment on the effectiveness of topical menthol. The lack of evidence does not allow determination of efficacy or safety. The request is not medically necessary.