

<b>Case Number:</b>	CM14-0126054		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 53-year-old male with a 7/27/2011 date of injury. The injury occurred when he stepped off a curb and twisted his left foot. A progress reported dated 6/12/14 noted subjective complaints of ongoing left foot pain with no change in symptoms. Objective findings included hypersensitivity to light touch in the entire left foot. A progress report from 3/14 noted that the patient was already using Bio Freeze at that time. Diagnostic Impression: CRPS of the left foot after left foot fracture. Treatment to Date: medication management, acupuncture, and TENS. A UR decision dated 7/2/14 denied the request for Bio Freeze #2 for left foot. The medical records do not provide such details to support a rationale for the use of Biofreeze. This medication is not supported by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio Freeze #2 for Left Foot:** 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Biofreeze)

**Decision rationale:** CA MTUS and ODG do not specifically address this issue. Biofreeze contains an active Ingredient of Menthol 3.5% and is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. However, in the documents available for review, it is noted that the patient has been using this medication since at least 3/14. There is no clear documentation of objective benefit derived from its use. In addition, the patient has a diagnosis of CRPS, not arthritis or strains/sprains which are the conditions indicated for Biofreeze usage. Therefore, the request for Bio freeze #2 for left foot was not medically necessary.