

<b>Case Number:</b>	CM14-0129911		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with a 2/14/12 date of injury. At the time (7/19/14) of request for authorization for Biofreeze topical lotion, 3 bottles with 3 refills, there is documentation of subjective (pain on left thumb and swelling of arm) and objective (swollen hands, tenderness over the left thenar musculature, negative basal joint grind test, and swollen dorsal forearm region) findings, current diagnoses (right palm pillar pain with very mild basal joint degenerative change, mild median neuritis of right wrist, and bilateral forearms overuse syndrome), and treatment to date (medications and massage therapy). There is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze topical lotion, 3 bottles with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.webmd.com/drugs/search.aspx?stype=drug&source=1&query=biofreeze>.

**Decision rationale:** An online search identifies that Biofreeze contains Menthol. Medical Treatment Guideline identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of right palm pillar pain with very mild basal joint degenerative change, mild median neuritis of right wrist, and bilateral forearms overuse syndrome. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Biofreeze topical lotion, 3 bottles with 3 refills is not medically necessary.