

Case Number:	CM14-0142078		
Date Assigned:	09/10/2014	Date of Injury:	03/25/2011
Decision Date:	12/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 53-year-old female with a 3/25/11 date of injury. At the time (8/8/14) of Decision for Continuation of medication Biofreeze Gel prn #1 tube (Biofreeze topical p.r.n.), there is documentation of subjective (low back pain, neck pain, and right shoulder pain) and objective (tenderness to palpitation over the paracervical muscles, decreased cervical spine range of motion, positive Neer's and Hawkin's test on the right, positive supraspinatus strength testing on the right, tenderness to palpitation over the lumbosacral regions, and decreased range of motion of the lumbar spine) findings, current diagnoses (cervicalgia, right shoulder pain, low back pain, and lumbar radiculitis), and treatment to date (medications (including ongoing treatment with Norco and Robaxin)). There is no documentation that trials 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:

Continuation of medication Biofreeze Gel prn #1 tube (Biofreeze topical p.r.n.): 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/drp/biofreeze-pain-relieving-gel.htm>

Decision rationale: An online search identifies that Biofreeze gel is a topical anesthetic used for the temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of Biofreeze. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, right shoulder pain, low back pain, and lumbar radiculitis. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Continuation of medication Biofreeze Gel prn #1 tube (Biofreeze topical p.r.n.) is not medically necessary.