

<b>Case Number:</b>	CM14-0042940		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/31/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Tennessee. 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 45 year-old male with a date of injury of 8/31/2006. The mechanism of injury was not mentioned. On a 2/19/2014 office visit the patient states his average pain is mild to moderate with medication. The patient states without medication his pain can be moderate to severe. It's noted that the patient has difficulty in assessing his pain on a 1-10 scale. With medication he is able to tolerate his daily activities. The diagnostic impression is neck pain, left thoracic pain, right carpal tunnel syndrome, and right ulnar neuropathy at the elbow. Treatment to date: Medication management. A UR decision dated 3/17/2014 denied the request for BioFreeze Gel x 2 (camphor/menthol). The rationale for denial was there were no evidence based guidelines available that addressed the use of camphor. Also, no acute exacerbations of symptoms were documented and per ODG guidelines BioFreeze is recommended as an optional form of cryotherapy for acute pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BioFreeze gel x2 (camphor/menthol):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back (updated 02/13/14) BioFreeze cryotherapy gel.

**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: Drugs.com Biofreeze.

**Decision rationale:** MTUS and ACOEM evidence-based guidelines do not address this issue. The FDA states that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. The ODG guidelines only recommend Biofreeze as an optional form of cryotherapy for acute pain. However, there was no documentation in the reports of any acute exacerbation of the patient's chronic condition. Therefore, the request for Biofreeze Gel x2 (menthol/camphor) is not medically necessary.