

Case Number:	CM14-0082415		
Date Assigned:	09/08/2014	Date of Injury:	01/05/2009
Decision Date:	10/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 36-year-old male who reported an injury of unknown mechanism on 01/05/2009. On 05/05/2014, his diagnoses included status post right knee arthroscopic surgery and right knee pain secondary to internal derangement. His medications included Norco 10/325 mg, Neurontin 100 mg, Relafen 750 mg, Cymbalta 60 mg, Docuprene of an unknown dose, and Biofreeze topical gel. He stated that with his medications, he was able to fully function in his activities of daily living. The treatment plan was to continue on his medications, including the Biofreeze gel. On 07/08/2014, his diagnoses, medications, and recommendations remained unchanged. There was no rationale included in the injured worker's chart. A Request for Authorization dated 07/21/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze topical gel #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112. Decision based on Non-MTUS Citation <http://www.drugs.com/drug/biofreeze-pain-relieving-gel.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Biofreeze topical gel #2 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use many of these agents. The body part or parts to have been treated with this gel were not included in the request. Additionally, there was no frequency of application included with the request. Furthermore, there was no quantity included with the request. The need for this topical analgesic was not clearly demonstrated in the submitted documentation. Therefore, this request for Biofreeze topical gel #2 is not medically necessary.