

<b>Case Number:</b>	CM14-0083926		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on November 17, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 20, 2014, indicated that there were ongoing complaints of left leg pain and sciatica. Current medications included aspirin, vitamins, diazepam, diclofenac, hydrocodone, Lyrica, and omeprazole. The physical examination demonstrated significantly decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies reported degenerative disc disease at the L5-S1 level as well as a 2 mm retrolisthesis and a 4 mm disc bulge causing encroachment on the left exiting L5 nerve root. Previous treatment included a left sided L5-S1 transforaminal epidural steroid injection with 70% relief. A request had been made for Biofreeze Gel and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOFREEZE GEL - TUBE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-127.

**Decision rationale:** Biofreeze is a topical analgesic containing menthol, and cam for amongst other ingredients. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including menthol have any efficacy. For this reason, this request for Biofreeze Gel is not medically necessary.