

Case Number:	CM14-0187560		
Date Assigned:	11/17/2014	Date of Injury:	05/10/2006
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine 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:

Female claimant sustained a work injury on 5/10/06 involving the neck, left shoulder and low back. She was diagnosed with cervical disk disease, chronic shoulder pain and chronic lumbar pain. A progress note on 9/9/14 indicated the claimant had 5/10 pain. Norco and Relafen allowed her to perform activities of daily living. Exam findings were unchanged from the prior month at which time it was noted that the claimant had a positive straight leg raise on the right side. The claimant was continued on Norco and Relafen as well as Biofreeze. The claimant had been on Biofreeze for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Biofreeze gel tubes # 2, dispensed on 9/9/14: 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): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily is recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Biofreeze is a topical analgesic that contains Menthol. There is lack of evidence to support the use of topical Menthol for chronic pain. Topical analgesics are not recommended for chronic use. The claimant had been on Biofreeze for several months and an additional 2 months was ordered. There is no direct analgesic pain scale response noted or specific therapeutic benefit. The continued use is not medically necessary.