

<b>Case Number:</b>	CM14-0217937		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 48-year-old male sustained a work related injury on 05/28/2008. According to a progress report dated 12/10/2014, subjective complaints included no location for pain. Pain was rated 4 to 5 on a scale of 1-10 at best with medication and 9 to 10 without medication. With medications, he was able to function in his home responsibilities as well as perform his self-care activities of daily living in addition to his social functions. Without Ibuprofen, he would start slowing down and it affected his mobility and even his feeling of balance. He did report difficulties with upset stomach with Ibuprofen. Current medications included Motrin, Biofreeze roll-on, Prilosec and Ultracet. Diagnoses included low back pain, lumbar radiculopathy and neck pain. Treatment plan included Ibuprofen, Prilosec, Biofreeze and Ultracet. Work status was noted as under future medical benefits. On 12/18/2014, Utilization Review non-certified Biofreeze.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-Freeze (2) Tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." The active ingredient in Biofreeze is menthol, which ODG recommends against. As such, the request for Biofreeze 2 tubes is not medically necessary.