

Case Number:	CM15-0001709		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2008
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 08/16/2008. Documentation regarding the original work injury was not provided, nor was the mechanism of injury. The patient receives treatment for thoracic pain/strain, abdominal pain, and mid back strain. The patient's medications include Celebrex 200 mg, Nexium 40 mg, Zofran 8 mg, Cymbalta 20 mg BIS, Topamax and Voltaren gel. Surgical history includes excision of xiphoid bone and an incisional hernia repair. The patient has had MRIs to image her back which were normal. This review addresses a topical analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze gel, 1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The patient receives treatment for thoracic pain/strain, abdominal pain, and mid back strain. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Biofreeze gel's active ingredient is menthol. Menthol, a topical irritant, is not medically indicated to treat chronic pain. Biofreeze is not medically indicated.