

Case Number:	CM15-0043419		
Date Assigned:	03/13/2015	Date of Injury:	01/28/2013
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Emergency 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:

The 43 year old female injured worker suffered an industrial injury on 1/28/2013. The diagnoses were lumbar spine disc bilge, lumbar spine right sided radiculopathy and bilateral knees internal derangement. The diagnostic studies were cervical and lumbar magnetic resonance imaging. The treatments were medications and acupuncture. The treating provider reported low back pain and bilateral knee pain radiating to the right lower extremity with pain and numbness. The knees have pain and crepitus with swelling along with tenderness. The lumbar spine had increased pain with motion and tenderness with positive straight leg raise along with reduced range of motion. The requested treatment was Biofreeze Gel 1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze Gel 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As per MTUS Chronic pain guidelines, topical analgesics have poor evidence to support efficacy and is mostly experimental. It may be considered in situations after failure of first line treatment. Biofreeze is an over the counter topical medication that contains menthol as its active ingredient. Menthol is believed to have some pain relieving effect from topical cooling sensation. The documentations fail to support medical necessity of this over the counter product. Biofreeze is not medically necessary.