

<b>Case Number:</b>	CM15-0053408		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 57 year old female, who sustained an industrial injury on 9/26/2008. Diagnoses include chronic low back pain, status post wrist surgery for left thumb osteoarthritis and carpal tunnel release (9/15/2010), and chronic right wrist and hand pain. Treatment to date has included diagnostic imaging including magnetic resonance imaging (MRI) and EMG (electromyography), physical therapy, medications, psychiatric care and activity and work modifications. Per the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker reported low back and upper extremity pain. Her current pain level is 7/10. Pain with medications is 6/10 and without is 10/10. She has a signed pain agreement and urine screening has been consistent with prescribed medications. Physical examination has not been provided. Work status is permanent and stationary. The plan of care included refill of medications and authorization was requested for Biofreeze, Lyrica 50mg, Norco 10/325mg, Naprosyn 550mg and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze Qty: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to ODG Guidelines, "Biofreeze is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group." ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm)). There is no recent documentation of failure or intolerance of oral first line drugs for pain management. Therefore, the prescription of Biofreeze, is not medically necessary.