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| <b>Case Number:</b>   | CM14-0134039 |                              |            |
| <b>Date Assigned:</b> | 08/25/2014   | <b>Date of Injury:</b>       | 08/18/2010 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 07/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2014 |

### 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 Occupational 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:

The patient is a 38-year-old male who has submitted a claim for low back pain and lumbar radiculitis associated with an industrial injury date of 08/18/2010. Medical records from 11/05/2013 to 06/12/2014 were reviewed and showed that patient complained of chronic low back pain graded 4-7/10. Physical examination revealed tenderness over lumbar paravertebral muscles, intact DTRs of lower extremities, and positive SLR tests bilaterally. EMG/NCV study of lower extremities dated 07/26/2011 revealed left L5-S1 lumbar radiculopathy. MRI of the lumbar spine (date unavailable) did not reveal nerve root compression. Treatment to date has included HEP, Norco, Naproxen, Salonpas spray, and Biofreeze gel (11/05/2013). Of note, there was no documentation of functional relief with aforementioned treatments. Utilization review dated 07/26/2014 denied the request for continued use of Biofreeze gel #2 for the lumbar spine because the guidelines do not recommend the use of menthol as topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued use of Biofreeze gel #2 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG; Topical Analgesics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. Food and Drug Administration (FDA), Biofreeze

**Decision rationale:** CA MTUS and the Official Disability Guidelines do not specifically address Biofreeze; however, the Food and Drug Administration (FDA) states that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains, and sprains. In this case, the patient was prescribed Biofreeze gel since 11/05/2013 for chronic low back pain. However, there was no documentation of functional outcome with Biofreeze use. Moreover, Biofreeze gel is only indicated for temporary relief of backache as stated by FDA. FDA does not address the use of Biofreeze for chronic pain. Therefore, the request for continued use of Biofreeze gel #2 for the lumbar spine is not medically necessary.