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| <b>Case Number:</b>   | CM14-0147610 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 04/06/1994 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 61-year-old male with a 4/6/94 date of injury. At the time (8/13/14) of request for authorization for Biofreeze Gel #2 tubes, there is documentation of subjective (neck and low back pain) and objective (tenderness to lumbar paraspinal muscles and decreased range of motion) findings, current diagnoses (status post right carpal tunnel release and chronic neck pain), and treatment to date (medications (including ongoing treatment with Norco, Biofreeze, Lyrica, and Colace) and TENS unit). Medical report identifies that pain is 9/10 which comes down to 6-7/10 with medications and allow patient to carry out activities of daily living. There is no documentation of Biofreeze used for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. In addition, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze Gel #2 Tubes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20; <http://www.drugs.com/drp/biofreeze-pain-relieving-gel.htm>

**Decision rationale:** An online search identifies that Biofreeze gel is a topical anesthetic used for the temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of Biofreeze. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right carpal tunnel release and chronic neck pain. In addition, there is documentation of ongoing treatment with Biofreeze. In addition, given documentation that medications allow patient to carry out activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Biofreeze use to date. However, given documentation of ongoing treatment with Biofreeze, there is no documentation of Biofreeze used for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. In addition, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Biofreeze Gel #2 tubes is not medically necessary.