

<b>Case Number:</b>	CM14-0082614		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 34-year-old female with a reported date of injury on 01/13/2012. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include lower leg joint pain, status post right knee arthroscopy, neck sprain/strain, thoracic region sprain/strain, and lumbar region sprain/strain. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 06/13/2014 revealed complaints of right knee pain as well as neck and back pain. The injured worker indicated she would lie down periodically with her knees bent and that seemed to help her back pain. The injured worker indicated she utilized Biofreeze gel as needed for topical pain relief. The physical examination revealed a normal gait with marked limited flexion secondary to anterior knee pain. There was mild patellofemoral crepitation present and no significant joint line tenderness or instability noted. The provider indicated the injured worker continues to have chronic intractable right knee pain with worsening symptoms as a result of exacerbation to her right knee due to a fall. The injured worker indicated utilization of the Biofreeze gel minimized the intake of her oral medications including Norco and ibuprofen, and she found the gel to be beneficial in terms of pain relief and was using it on an as needed basis. The Request for Authorization Form was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze 4% Roll on:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp Low Back Procedure Summary last updated 03/31/2014 (Biofreeze cryotherapy gel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Biofreeze, cryotherapy gel.

**Decision rationale:** The request was for Biofreeze 4% roll on for pain. The Official Disability Guidelines recommend Biofreeze cryotherapy gel 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 is 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. The injured worker is in the chronic phase of pain with increasing painful symptoms. There is a lack of documentation regarding significant efficacy with the utilization of this medication on a numerical scale and improved functional status. The guidelines recommend Biofreeze for the low back and the documentation provided indicated it was for her knee. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.