

Case Number:	CM15-0017312		
Date Assigned:	02/05/2015	Date of Injury:	09/22/2013
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 09/22/2013. He has reported neck and left upper extremity pain. The diagnoses have included cervicalgia; chronic left cervical radiculitis and left upper extremity radiculopathy, status post acute cervical spine musculoligamentous strain/contusion, superimposed on cervical spinal stenosis; and status post right carpal tunnel release. Treatment to date has included medications, cervical epidural steroid injections, physical therapy, and surgical intervention. Medications have included Gabapentin and Biofreeze topical gel. Currently, the IW complains of constant left-sided neck pain with variable intensity; and numbness in the left upper extremity. A progress note from the treating physician, dated 12/16/2014, reported objective findings to include tenderness to palpation over the paraspinal muscles overlying the facet joints on the left side and trigger points noted over upper paraspinal muscles on both sides. The treatment plan included the request of prescriptions for Gabapentin and Biofreeze topical gel. On 01/05/2015 Utilization Review non-certified a prescription for Biofreeze (menthol) 4% topical gel x 1 118 ml tube with 2 refills. The CA MTUS Guidelines were cited. On 01/17/2015, the injured worker submitted an application for IMR for review of Biofreeze (menthol) 4% topical gel x 1 118 ml tube with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze (menthol) 4% topical gel x 1 118 ml tube with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back -Lumbar & Thoracic (Acute &Chronic) Chapter, Biofreeze; ½ cryotherapy gel

Decision rationale: The patient presents with neck pain radiating to upper extremity. The request is for BIOFREEZE (MENTHOL) 4% TOPICAL GEL X 1, 118ML TUBE WITH 2 REFILLS. The request for authorization is not available. The patient is status-post carpal tunnel release of the right wrist 2013. Patient had 3 epidural steroid injections in 2014. Patient has positive Spurling's sign to the left. Patient's medications include Biofreeze and Gabapentin. MRI of the cervical spine 10/28/14 shows significant foraminal stenosis on the left at C3-4. CT scan of the cervical spine 12/11/14 shows severe left foraminal stenosis at C3-C4 and moderately severe right foraminal stenosis at C5-C6. The patient's work status is inconsistent, per progress report dated 12/16/14 ■■■ notes modified duty, per progress report dated 12/16/14 ■■■ notes temporary total disability. ODG-TWC, Low Back -Lumbar & Thoracic (Acute &Chronic) Chapter, Biofreeze cryotherapy gel: "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." Treater has not provided reason for the request. In this case, the patient does not present with acute pain for which Biofreeze would be indicated. The patient presents with chronic pain and treater does not report any flare-up or new injury. The use of menthol for a chronic condition is not supported by guidelines. Therefore, the request IS NOT medically necessary.