

Case Number:	CM15-0017869		
Date Assigned:	02/05/2015	Date of Injury:	09/24/2012
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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:

This then said 31 year old female sustained a work related injury on 09/24/2012. According to the provider in a letter dated 02/10/2015, ODG guidelines support Biofreeze for flare-ups of pain and acute pain as well. According to a progress report dated 01/14/2015, the injured worker was having increased pain and was taking Naproxen more frequently than prescribed. Objective findings noted no significant change. Medication regimen included Celebrex, Prilosec, Colace, Biofreeze, Flector 1.3% and Tramadol. Diagnoses included low back pain and lumbar radiculitis. According to the oldest progress report dated 11/05/2014, the injured worker was using Biofreeze. The reports did not specify the location of pain or characteristics of pain. On 01/29/2015, Utilization Review non-certified Biofreeze gel #2. According to the Utilization Review physician, Biofreeze gel is recommended as an optional form of cryotherapy for acute pain. CA MTUS guidelines do not support the use of topical anesthetics. These medications are usually reserved for patients with refractory neuropathic pain and failed on oral trials of anticonvulsants and/or antidepressants. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines page 111, Topical Analgesics. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze gel #2: Upheld

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

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). There is no recent documentation of failure or intolerance of oral first line drugs for pain management. Therefore, the prescription of Biofreeze Gel, is not medically necessary.