

Case Number:	CM15-0172939		
Date Assigned:	09/14/2015	Date of Injury:	07/09/2004
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 7-9-04. Medical record indicated the injured worker is undergoing treatment for right foot osteoarthritis and degenerative joint disease. Treatment to date has included oral medications including Norco 5-325mg, athletic footwear and activity restrictions. Currently on 7-31-15, the injured worker complains of continued, bilateral lower extremity pain, which is unchanged at bilateral plantar arch and increased pain in bilateral plantar heel; she rates the pain 4-9 out of 10. Physical exam performed on 7-31-15 revealed moderate to severe tenderness to palpation of medial and middle slips of right and left plantar fascia with crepitation of plantar fascia and slightly increased warmth with edema; severe tenderness to palpation at left and right medial expansion of plantar fascia, minimal tenderness of right and left calcaneal bursa, minimal tenderness to palpation at right plantar calcaneal bursa, moderate tenderness to palpation per cuboid at right and left lateral MTJ with decreased range of motion. The treatment plan included counseling to begin applying Biofreeze at lower bilateral extremities and continuation of foot orthoses and Norco. A request for authorization was submitted on 8-3-15 for 1 tube of Biofreeze. On 8-11-15, utilization review non-certified a request for one tube of Biofreeze noting it is not medically appropriate for the injured worker noting guidelines support the use of Biofreeze for acute conditions and the injured worker is being treated for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze #1 tube: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Biofreeze cryotherapy gel.

Decision rationale: Biofreeze cryotherapy gel is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically discuss Biofreeze, which contains menthol but does support topical salicylate such as Ben Gay, which contains menthol and states that this is significantly better than placebo in chronic pain. The ODG states that 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. The documentation indicates that the patient has chronic pain. Biofreeze is indicated for acute pain therefore this request is not medically necessary.