

Case Number:	CM15-0024734		
Date Assigned:	02/17/2015	Date of Injury:	12/21/2011
Decision Date:	05/21/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational 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 57-year-old, female who sustained a work related injury on 12/21/11. The diagnosis has included lumbar disc disease. The treatments have included physical therapy, oral medications, medicated pain creams/gels, MRIs and aqua therapy. In the PR-2 dated 1/8/15, the injured worker complains of low back pain that radiates to thighs. She reports that swimming pool exercises help the pain. The treatment plan is a request for one tube of Bio-freeze Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Biofreeze: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Biorfreeze Cryotherapy Gel section.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as long as the drug or drug class is recommended. Menthol is not addressed by the MTUS Guidelines, but it

is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The ODG recommends the use of Bio-freeze as an optional form of cryotherapy for acute pain. The injured worker is suffering from chronic pain, and has not experienced an acute exacerbation or new injury that may benefit from the short-term use of Bio-freeze. The request for one tube of Bio-freeze is determined to not be medically necessary.