

Case Number:	CM15-0074350		
Date Assigned:	04/24/2015	Date of Injury:	09/30/2011
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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 65 year old male who sustained an industrial injury on 9/30/11. The diagnoses have included cervical pain, cervicobrachial syndrome and lumbar disc disorder. Treatment to date has included medications, diagnostics, activity modifications, and acupuncture. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and lumbar spine. The current medications included Lidoderm patch, Tylenol and Tiger balm neck/shoulder cream. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of neck pain that radiates down the neck and bilateral upper extremity weakness. The pain was increased and rated 5/10 without medications. The injured worker continues to use Tiger balm and Biofreeze in place of denied medications. The physical exam revealed wide-based gait, restricted cervical range of motion, and tenderness to palpation. The lumbar exam revealed restricted range of motion with pain, tenderness and he can't walk on heel. The motor testing was limited by pain. There was no urine toxicology report noted. It was noted that he continues to report burning pain in the neck, right trapezius and low back. The physician requested treatment included Biofreeze Gel 4% Day Supply: 30 quantity of 118 Refills: 00 (Rx date: 03/23/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze Gel 4% Day Supply: 30 Qty: 118 Refills: 00 (Rx date: 03/23/2015): 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), Low Back, Biofreeze cryotherapy gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111-113/105.

Decision rationale: Biofreeze Gel is an over the counter gel with Menthol as it's active ingredient. Other common over the counter pain gels such as Ben Gay include Menthol and Salicylates. There is no Guidelines support for isolated use of Menthol containing products, however there is Guideline support for combination products. It is also not documented how the Biofreeze is being recommended for use i.e. how often and how much it is to be utilized and with the 118 refills (which is a 10 year supply) it is unknown if it will be effective over a 10 year time period. Under these circumstances, the Biofreeze Gel 4% 30 day supply 118 refills is not supported by Guidelines and is not medically necessary.