

<b>Case Number:</b>	CM14-0148755		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old male who sustained a work related injury January 26, 2012. Past history included s/p arthroscopic left shoulder surgery April 30, 2013. While installing a 300 pound battery into position and trying to keep it from falling, he developed an injury to his shoulder, neck, and low back. X-rays of the lumbar spine demonstrated spondylosis. X-rays of the thoracic spine and cervical spine revealed C5-6 cervical disease and multi-level spondylosis, particularly at T8-9 and T9-10. An MRI of the cervical spine demonstrated a broad-based posterior herniation with surrounding spondylosis. He had been treated with medication, physical therapy, and two epidural steroid injections. According to a primary treating physician's progress report, dated July 16, 2014, the injured worker returns for follow-up with persistent neck, upper back, low back and left shoulder pain. He rates the neck pain 9/10 and feels more spasms. His low back pain 8-9/10 is radiating into the bilateral lateral side of the lower extremity, with numbness in his left leg. His medication decreases his pain to 2/10. Current medication included Norco, Flexeril, Naproxen, Trazodone, Effexor, and Biofreeze gel. Diagnoses are disc herniation C5-C6; disc herniation L4-5, L5-S1; left shoulder osteoarthritis and tendinosis of the acromioclavicular joint; left carpal tunnel syndrome. At issue, is the request for authorization of Biofreeze gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four tubes of Biofreeze Gel, one month supply: 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), and the Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Biofreeze, Cryotherapy.

**Decision rationale:** Biofreeze is camphor and menthol for topical application. Per ODG guidelines Biofreeze is "Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. 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. (Zhang, 2008)" As the injured worker's condition is characterized by chronic low back pain, the medication is not appropriate as it is recommended for acute pain. The request is not medically necessary.