

<b>Case Number:</b>	CM14-0111497		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 1/28/2013. Per periodic report dated 6/11/2014, the injured worker complains of neck pain, right arm tingling and numbness, and headaches. He reports that his pain is worse, which is dull, sharp, burning, tingling and numbness and pins and needles rated 6/10. His pain is constant brought on by standing and better with massage and stretching exercises. He is doing his home exercise program. He had cervical traction unit given to him, but does not feel it is helping because it is awkward to use and to hang up, and it also hurts him. There is tenderness of the cervical spine and trigger points over bilateral trapezius musculature and over the cervical paraspinal muscles. The tenderness is worse on the right than on the left side. There is no tenderness to mastoid and cervical facet area. There is tenderness in the interscapular area. Cervical range of motion is full. Spurling's test and Adson's test are negative. Cervical facet stress test is positive bilaterally. Sensation is decreased on right in C6 distribution. Strength and deep tendon reflexes are normal. Diagnoses include 1) cervical radiculitis C6 2) occipital neuralgia and cervicogenic headache 3) shoulder pain 4) cervical facet joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar Frost 150 MI Tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Center for Complementary and Alternative Medicine, accessed on world wide web at <http://nccam.nih.gov/health/aloevera>.

**Decision rationale:** Per manufacturer's website, Polar Frost gel contains menthol and aloe vera to provide cooling, soothing relief for soft tissue aches and pains. The use of topical analgesics is recommended by the MTUS Guidelines in certain circumstances. In compounded topical analgesics, each active ingredient must be recommended for use, otherwise the entire compounded topical analgesic is not recommended. The injured worker is already taking oral medications for pain with reported benefit. The aloe vera is an herbal remedy that is used for burn and abrasions, but there is not enough scientific evidence to support aloe vera for pain. The request for compounded pharmaceutical muscle rub medication is determined to not be medically necessary.