

Case Number:	CM14-0155126		
Date Assigned:	09/25/2014	Date of Injury:	08/05/2014
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation, 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:

The patient is a 33-year-old female who has submitted a claim for right carpal tunnel syndrome, right shoulder pain, right upper arm pain and right forearm pain associated with an industrial injury date of August 5, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the right shoulder, right arm, right forearm, right elbow, right hand/wrist and right fingers. There is also numbness and tingling of the affected extremity. Examination revealed normal results except for tenderness of the flexor and extensor surfaces of the right wrist and presence of medial and lateral epicondylitis on resisted wrist flexion. Treatment to date has included physical therapy, Polar frost gel and home exercise program. A progress note on July 6, 2014 mentioned that the patient does take any medication prior to the encounter. Utilization review from September 3, 2014 denied the request for POLAR FROST 150ML 5OZ GEL because the guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR FROST 150ML 5OZ GEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient was prescribed with Polar Frost gel, which contains menthol. A recent progress note mentioned that the patient was not taking any medication prior to the encounter. There is no clear indication to support the use of menthol versus first-line oral pain medications especially given the FDA warning mentioned above. Therefore, the request for POLAR FROST 150ML 5OZ GEL was not medically necessary.