

<b>Case Number:</b>	CM14-0073871		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 67-year-old male with an 11/11/05 date of injury and status post left thumb carpometacarpal joint arthroplasty (undated). At the time (4/29/14) of request for authorization for 1 Polar Frost, there is documentation of subjective (improving left thumb pain) and objective (improving left thumb range of motion and ability to grasp, difficulty with approximation of digits, and numbness over the left thumb) findings, current diagnoses (left thumb basal joint advanced osteoarthritis with clinical findings consistent with tenosynovitis and history of left thumb carpometacarpal joint arthroplasty, ongoing numbness, chronic left thumb pain, and basal joint osteoarthritis), and treatment to date (medications (Naproxen and Terocin cream) and left thumb carpometacarpal joint arthroplasty). In addition, medical report identifies a request for a trial of Polar Frost medication. There is no documentation that trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Polar Frost: 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 Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence:

(<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=35fe8a89-e89a-4e1e-bc89-a445e7bc0d44#nlm34067-9>).

**Decision rationale:** Medical Treatment Guideline identifies Polar Frost as a topical gel consisting of Menthol, indicated for cooling pain relief of minor aches and pains of muscles and joints associated with simple backache, arthritis, strains, bruises and sprains. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of left thumb basal joint advanced osteoarthritis with clinical findings consistent with tenosynovitis and history of left thumb carpometacarpal joint arthroplasty, ongoing numbness, chronic left thumb pain, and basal joint osteoarthritis. In addition, there is documentation of pain of joints associated with arthritis and neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for 1 Polar Frost is not medically necessary.