

Case Number:	CM14-0082833		
Date Assigned:	07/21/2014	Date of Injury:	06/02/2010
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family Practice 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:

62 yr. old male claimant sustained a work injury on 6/2/10 involving the neck and low back . He was diagnosed with cervical/lumbar radiculopathy, depression and medication related dyspepsia. A progress note on 4/25/14 indicated the claimant had continued 4/10neck pain radiating to the upper extremities. Exam findings were notable for tenderness in the paracervical/paralumbar region and painful range of motion. His pain had been managed with Tramadol for several months. The treating physician added Biofreeze 4% gel for topical pain relief. A progress note on 5/23/14 indicated the claimant had continued 4/10neck pain radiating to the upper extremities. Exam findings were notable for tenderness in the paracervical/paralumbar region and painful range of motion. His pain had been managed with Tramadol for several months. A progress note on 6/20/14 indicated no change in pain or function on exam with the use of the prior months medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Frost Gel 4% #5, with refill x 1: 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 and Page(s): 111-112.

Decision rationale: Polar Frost gel contains Menthol and Aloe Vera as does Biofreeze. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no documentation of failure of 1st line medications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol and Polar Frost are not on the recommended list in the guidelines. The claimant's pain and function did not improve with its use. The use Polar Frost is not medically necessary.