

Case Number:	CM14-0186380		
Date Assigned:	11/14/2014	Date of Injury:	10/04/2013
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This 34-year old male sustained a work related injury on 10/4/2013. According to the Utilization Review, the mechanism of injury was reported to be injury from trying to hold a falling tree. The current diagnosis is lumbar disc disease with radiculopathy. According to the progress report dated 9/25/2014, the injured workers chief complaints were low back and thigh pain, mostly experienced at night. Per report, the symptoms were increase with prolonged walking and sitting. The physical examination revealed normal gait with tenderness to the lumbar spine and positive straight leg raise on the left. MRI of the lumbar spine revealed 10 millimeter disc bulge on left L5-S1. On this date, the treating physician prescribed 1 tube of Polar Frost Gel, which is now under review. In addition, the treatment plan included Norco, Omeprazole, Ibuprofen, and follow-up doctor's appointment for scheduling of lumbar surgery. The treating physician did not describe any specific reasons for prescribing the Polar Frost Gel. The injured worker was to remain off-work until 11/6/2014. On 10/23/2014, Utilization Review had non-certified a prescription for Polar Frost Gel. The Polar Frost Gel was non-certified based on no evidence that first line therapeutic options were tried and failed. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Frost Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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 Chapter, Biofreeze and Cryotherapy gel

Decision rationale: Polar Frost Gel is a commercial preparation consisting of topical menthol. There are no provisions for topical menthol in the California Medical Treatment Utilization Schedule. We can extrapolate the guidelines from one menthol preparation in the form of Biofreeze to Polar Frost Gel given their similar preparation. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, the Official Disability Guidelines Low Back Chapter under the Biofreeze and Cryotherapy section state: 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). With this worker, the date of injury was over 1 year ago. Given that this worker does not have documentation of acute low back pain, the topical menthol is not medically necessary.