

Case Number:	CM15-0089677		
Date Assigned:	05/14/2015	Date of Injury:	12/01/2004
Decision Date:	06/22/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54 year old female, who sustained an industrial injury on 12/1/04. She reported pain in the right upper extremity including the shoulder, elbow, and hand. The injured worker was diagnosed as having left carpal tunnel syndrome, right sided C5-6 dorsal rami involvement, right paracentral disc protrusion at C5-6 with moderate right foraminal stenosis, left cervical facet arthropathy at C3-4 with foraminal stenosis, left elbow lateral epicondylitis with tendinosis, chronic myofascial pain syndrome, depression and left sided occipital neuralgia. Treatment to date has included physical therapy, an epidural steroid injection to the cervical spine, home exercise, and medications including Naproxen and Neurontin. A physician's report dated 4/19/15 noted pain was rated as 6/10. Currently, the injured worker complains of neck pain radiating to the upper extremities with tingling, numbness, paresthesia and right elbow pain. The treating physician requested authorization for polar frost cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar frost cream: 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 Section Page(s): 111-113.

Decision rationale: MTUS guidelines and the Official Disability Guidelines do not address the use of Polar Frost Cream. Per manufacturer information, Polar Frost has the active ingredients Menthol and Aloe extract. The cream provides cooling pain relief of minor aches and pains of muscles and joints associated with simple back-ache, arthritis, strains, bruises and sprains. MTUS guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. There is no evidence to support the use of this product over commercially available over-the-counter creams. The request for Polar frost cream is determined to not be medically necessary.