

Case Number:	CM14-0119375		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2004
Decision Date:	10/01/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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, 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:

The injured worker is a 55-year-old female with a reported date of injury on 01/28/2004. The mechanism of injury was noted to be continuous trauma. Her diagnoses were noted to include left lumbar radiculopathy exacerbation with chronic lumbar strain, cervical strain with right cervical radiculopathy, bilateral wrist and hand pain/paresthesia with clinical and electrodiagnostic bilateral carpal tunnel syndrome, bilateral shoulder strain with impingement, status post right shoulder surgery, thoracic outlet syndrome, bilateral ankle/foot strain, and secondary depression due to significant pain. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/23/2014 revealed complaints of bilateral upper extremity pain rated 8/10, lumbar spine discomfort rated 6/10, and cervical spine discomfort to go along with the upper extremity discomfort at 8/10. The injured worker reported she continued to do her home exercises. The injured worker complained of low back pain with radiation and neck pain with radiation to both shoulders, bilateral shoulder pain, bilateral wrist and hand pain with numbness, bilateral ankle and foot pain, and left wrist fracture. The physical examination of the lumbar spine revealed slight to moderate paralumbar muscle spasm with decreased range of motion. There was a positive straight leg raise that caused low back, buttock, and calf pain. The physical examination of the shoulder revealed tenderness to the bilateral shoulders with a positive impingement sign bilaterally. Crepitation was heard on the range of motion to the right shoulder and the bilateral shoulders had decreased range of motion. The physical examination of the cervical spine revealed paracervical muscle spasm with decreased range of motion and a positive Spurling's sign to the right side. The physical examination of the wrist and hands revealed tenderness to palpation of the dorsum of the wrist and the lateral wrist on the left, and wrist range of motion was normal. There was a positive Tinel's and Phalen's bilaterally. The physical examination of the knee revealed tenderness at the

medial patella region and range of motion was normal. The physical examination of the ankle/foot determined tenderness of the lateral and anterior ankle and a normal range of motion. The Request for Authorization form was not submitted within the medical records. The request was for Soma 350 mg #90 for muscle spasm and Methoderm gel for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for longterm use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has been noted in order to augment or alter the effects of other drugs. The clinical documentation indicates muscle spasms; however, there is a lack of documentation regarding efficacy and improved functional status with utilization of this medication. Additionally, the guidelines recommend shortterm utilization of muscle relaxants and the injured worker has been utilizing this medication for over 6 months. The request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Soma 350 mg #90 is not medically necessary.

Methoderm Gel: 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, Topical Salicylates Page(s): 105, 111.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication.

Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Mentoderm gel is not medically necessary.