

<b>Case Number:</b>	CM14-0131752		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old female was reportedly injured on December 19, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of bilateral shoulder pain radiating down the upper extremities. Current medications include soma, Ultracet, and flurbiprofen cream. There has been improved range of motion and strength in the bilateral upper extremities since the injured employee's prior visit. The physical examination demonstrated mildly decreased left wrist range of motion with tenderness over the prior carpal tunnel incision. Diagnostic nerve conduction studies indicate bilateral carpal tunnel syndrome and cubital tunnel syndrome. Previous treatment includes a left-sided carpal tunnel release and physical therapy. A request had been made for soma and flurbiprofen cream and was not certified in the pre-authorization process on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg tablets Qty#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. The most recent progress note does not indicate that there are exacerbations of pain nor other muscle spasms noted on physical examination. As such, this request for soma is not medically necessary.

**Flurbiprofen 20% cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, and lack of documentation of intolerance oral anti-inflammatory medications, this request for flurbiprofen 20% cream is not medically necessary.