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| <b>Case Number:</b>   | CM15-0134749 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 09/13/2012 |
| <b>Decision Date:</b> | 09/23/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/13/2015 |

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on September 13, 2012. He reported right thumb and wrist pain. The injured worker was diagnosed as having right wrist pain and dysfunction, right carpal tunnel syndrome, status post right carpal tunnel release, right cubital tunnel syndrome and cervical radiculopathy. Treatment to date has included diagnostic studies, surgical intervention of the right wrist, conservative care, medications and work restrictions. Currently, the injured worker complains of continued bilateral upper extremity pain and discomfort, constant right thumb, hand and wrist pain and neck pain and stiffness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 25, 2015, revealed continued pain with associated symptoms as noted. Ointment was ordered. Evaluation on April 22, 2015, revealed edema of the right wrist and thumb, positive telescope with joint pain, decreased range of motion in the fingers wrist and thumb and a positive Tinnel's at the elbow, positive Durkin's, decreased 2 point ulnar nerve and tender rope bundle with subluxing at the cubital tunnel. He reported continued pain as noted. Evaluation on June 17, 2015, revealed continued pain as noted with associated symptoms. The home exercise plan and wrist splints were continued. Methoderm Gel 120 gm and range of motion testing were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Range of motion (ROM); Low Back - Flexibility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

**Decision rationale:** The MTUS is silent regarding range of motion evaluations. According to the ODG, range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. In this case, the patient has chronic pain in the upper extremity, the range of motion is intact. Further testing for range of motion is not medically necessary.

**Menthoderm Gel 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary. Therefore, the request is not medically necessary.