

<b>Case Number:</b>	CM15-0023785		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66-year-old female who reported an injury on 04/16/2004. The mechanism of injury was not stated. The current diagnoses include right hand/wrist pain with de Quervain's tenosynovitis, status post de Quervain's release in 10/2004, status post right carpal tunnel release on 09/10/2006 with residual, status post right thumb CMC joint arthroplasty on 11/17/2009, right wrist and forearm tendinitis, right shoulder strain with impingement, cervical strain with radiculopathy, secondary depression and insomnia, left shoulder pain, left wrist and hand tendinitis, status post left carpal tunnel release on 04/07/2009, GERD, and recurrent paresthesia. The injured worker presented on 12/29/2014 for a followup evaluation with complaints of pain over multiple areas of the body, as well as depression, insomnia, and gastrointestinal upset. Upon examination, there was swelling of the right CMC region, moderate tenderness at the left wrist and hand, slow range of motion of the wrist and fingers. Positive Phalen's test bilaterally, guarding of the right shoulder, tenderness of the right bicep area, 80 degree right shoulder abduction, 80 degree right shoulder flexion, positive impingement sign on the right, 100 degree left shoulder abduction, 90 degree left shoulder flexion, positive impingement sign on the left, slight tenderness and spasm in the cervical spine, 70% of normal range of motion of the cervical spine, mildly positive Spurling's maneuver on the right, and decreased sensation to vibration in the bilateral distal hands. Recommendations at that time included continuation of the current medication regimen of Soma, Zofran, Promolaxin, Senokot, morphine, Cymbalta, magnesium, Norco, and Menthoderm topical cream. There was no Request for Authorization form submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 64 - 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized Soma 350 mg for an unknown duration. Guidelines would not support long term use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

**Menthoderm cream, 120 grams (Methyl Salicylate 14% and Menthol 10%):** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, it is noted that the injured worker has utilized Menthoderm cream since at least 11/2014. There was no documentation objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.