

Case Number:	CM13-0059364		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2003
Decision Date:	04/04/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 51-year-old male who reported an injury on 04/04/2003. Review of the medical record reveals the patient diagnoses include low back pain, adjustment disorder with anxiety, fainting, and tension headache. The most recent clinical documentation dated 10/29/2013 performed by [REDACTED] revealed that the patient had continued complaints of increased popping and grinding in the lumbar spine with sharp pain radiating into the hips. The patient also complained of low back pain with radiating to the bilateral legs and mid thoracic spine. He described the pain as constant, severe, and sharp. The patient states the pain was aggravated with any movement. The patient states his moods were better on Cymbalta 60 mg, and his pain had improved with Cymbalta as well. Objective findings upon examination revealed the patient ambulated with a right leg limp. There was tenderness noted at the wrist joint line with crepitus and effusion noted. The patient was observed frequently changing position and was uncomfortable. Patellar deep tendon reflexes were normal. The patient also complained of diffuse tension headaches which radiated to the posterior neck and occurred nearly every day and lasted all day long. He states the pain was exacerbated by bright light, loud noises, eating, and improved with dim lights and quiet surroundings.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of soma 350mg #90: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines it is stated that the requested medication, Soma, is not recommended. This medication is not indicated for long-term use. The patient has been taking the requested medication for a significant amount of time with continued complaints of pain, and no documentation of any significant functional gain or decreased pain with use of the requested medication. The request for 1 prescription of Soma 350 mg #90 is not medically necessary and appropriate.

Nine physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, it is stated that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no documentation provided in the medical record of any significant functional gain and decrease in the patient's pain or symptoms with previous physical therapy. Per MTUS Guidelines, physical therapy can be extended with documented functional gain. As there is no documentation of any functional gain or decrease in the patient's condition or complaints of pain, the medical necessity for the requested service cannot be supported. The request for nine physical therapy sessions is not medically necessary and appropriate.