MAXIMUS Federal Services

Case Number:	CM14-0040551		
Date Assigned:	06/20/2014	Date of Injury:	08/28/2004
Decision Date:	07/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker is a 52-year-old male who was reportedly injured on August 28, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an altered gait pattern, a decrease in sensation in the L5 and S1 dermatomes, positive straight leg raising and muscle spasm. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included morphine, spinal cord stimulator, right knee surgery and right shoulder surgery. A request had been made for a functional restoration program and the medication carisoprodol and was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (in days) QTY:10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009) CHRONIC PAIN PROGRAMS Page(s): 30-34 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines does note a recommendation of such a protocol. However, the type of intervention is to be completed within 2 years of the date of injury and this is not the case. Furthermore, this is an individual who takes a great deal narcotic medication on a daily basis, and there was no reasonable expectation of any functional improvement with this protocol. Therefore, when considering the date of injury, the injury sustained, the surgical intervention, the current physical examination findings and the parameters outlined in the guidelines, this is not medically necessary.

Carisoprodol 350mg tablets QTY:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), CARISOPRODOL Page(s): 29 of 127.

Decision rationale: This medication is specifically not recommended as outlined in the California Medical Treatment Utilization Schedule guidelines and is not indicated for long term use. Based on the progress notes there did not appear to be any clinical efficacy or utility associated with the utilization of this preparation. Therefore, when noting this muscle relaxant medication has significant side effect profile and other parameters, this is not medically necessary.