

Case Number:	CM14-0202119		
Date Assigned:	12/12/2014	Date of Injury:	03/25/2002
Decision Date:	02/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in Interventional spine and is licensed to practice in California. 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:

This patient presents with neck pain, bilateral shoulder pain, bilateral wrist/hand pain, thoracic spine pain, lumbar spine pain, bilateral knee pain, bilateral ankle/foot pain. The treater has asked for LUMBAR SUPPORT/CORSET/BRACE on 11/12/14 "to stabilize the lumbar spine and promote healing." Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The treater does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The requested low back brace purchase IS NOT medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: This patient presents with back pain, abdominal pain. The treater has asked for Soma 350 mg quantity 60 on 11/13/14. Patient has been taking Soma since 8/14/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for more than 2 months, but MTUS indicates only for short term use (2-3 weeks). The requested soma is not indicated per MTUS guidelines. The request is not necessary.