

<b>Case Number:</b>	CM15-0184920		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/03/2004
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 3, 2004. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for carisoprodol and a modified vehicle with hand controlled ramp. The claims administrator referenced a progress note and associated RFA form of August 19, 2015 in its determination. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was placed off of work, on total temporary disability, for 6 weeks. The attending provider contended that the applicant's manual wheelchair was breaking down and that the applicant needed a modified power wheelchair so that he could drive himself to and from appointments. The applicant's medications included naproxen, Prilosec, Soma, and Norco. The note was difficult to follow. The attending provider did not state why the claimant was wheelchair bound. The claimant reportedly exhibited diminished muscle strength and diminished lumbar range of motion on exam, although this was not seemingly elaborated upon. The applicant's gait was likewise not described on July 22, 2015, although the attending provider again contended that the applicant's lumbar spine range of motion and lower extremity motor function were again diminished. Naproxen, Prilosec, Soma, and Norco were endorsed. A medical-legal evaluator reported on January 12, 2015 that the applicant was receiving Social Security Disability Insurance (SSDI) benefits. The applicant contended that he was unable to work owing to concerns of falling. The applicant reported instability about the back and bilateral lower extremities. The applicant stated that his legs wear off from time to time and that he was therefore wheelchair bound. A medical-legal evaluator noted that the applicant had not worked since 2005. It was stated that the applicant was likely not a candidate for further lumbar spine surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Carisoprodol 350 mg# 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was in fact using Norco, an opioid agent. Usage of Soma (carisoprodol) was not indicated in conjunction with the same. The renewal request for carisoprodol was, moreover, at odds with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

### **Modified Vehicle with ramp that is hand Controlled:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** Conversely, the request for a modified vehicle with ramp which is hand controlled was medically necessary, medically appropriate, and indicated here. The request in question seemingly represented a request to make modifications to the applicant's car such that it could accommodate a power wheelchair. The attending provider reported on August 19, 2015 that the applicant was having difficulty entering and egressing his home. The applicant's quality of life had diminished as he was unable to leave his home. The treating provider stated that vehicle modifications were needed to facilitate the applicant's conveying himself to and from appointments and transport said manual wheelchair to and from various sites. The applicant was described as having diminished motor function in all extremities on August 19, 2015. The applicant's medical-legal evaluator reported on January 12, 2015 that the applicant was falling frequently and had issues with lower extremity weakness status post earlier failed lumbar spine surgery. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of cane, walker, and/or manual wheelchair, here, however, it appeared that the applicant's functional mobility deficits and gait derangement were rather profound and could not be sufficiently remediated through provision of a manual wheelchair alone. Provision of a power mobility device and, by implication, provision of modifications to the applicant's vehicle to include a ramp to house said power mobility device was, thus, indicated. Therefore, the request was medically necessary.