MAXIMUS Federal Services

Case Number:	CM14-0184429		
Date Assigned:	11/12/2014	Date of Injury:	02/24/2003
Decision Date:	12/30/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The patient is a 61 year old female with an injury date on 02/24/03. Based on the 10/15/14 progress report provided by the treating physician, the diagnoses are: 1. CRPS (complex regional pain syndrome), Type I, Lower Extremity. 2. Backache unspecified. 3. Fibromyalgia/myositis.According to this report, the patient complains of lower back and right foot pain from a fall to a ground. She has constant pain as well as allodynia, hyperesthesia and intermittent swelling in the right leg. Exam findings show lumbar spine range of motion is stiff and guarded. Tenderness is noted at the left paralumbar muscles. Patient gait is Antalgic to lower extremity pain. There were no other significant findings noted on this report. The utilization review denied the request on 10/23/14. The treating physician is the requesting provider and he provided treatment reports from 12/07/12 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the 10/15/14 report by the treating physician, this patient presents with low back and right foot pain. The treater is requesting for Soma 350mg, #60 with 1 refill. Soma was first mentioned on12/07/12 report. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP (low back pain) cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. A review of the available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treater is requesting Soma #60 with 1 refill and this medication was first noted in the 12/07/2012 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the request is not medically necessary.

Purchase of a treadmill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg chapter, exercise equipment

Decision rationale: According to the 10/15/14 report by the treating physician, this patient presents with low back and right foot pain. The treater is requesting for purchase of a treadmill. Under Exercise equipment, ODG states "Exercise equipment is considered not primarily medical in nature."In this case, the request for purchase of a treadmill is not supported by the guidelines. The request is not medically necessary.