

Case Number:	CM14-0093150		
Date Assigned:	07/25/2014	Date of Injury:	12/10/1979
Decision Date:	10/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 records, presented for review, indicate that this 64-year-old gentleman was reportedly injured on December 10, 1979. The mechanism of injury was noted as picking up a spare tire. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of low back pain. Pain was rated at 0/10. Current medications include Lyrica. Physical examination demonstrated no tenderness over the lumbar paravertebral muscles and a non-antalgic gait. Strength in the bilateral lower extremities was rated at 4/5. There was decreased sensation in the lower extremities via any stocking distribution. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, the use of a TENS unit and an H-wave unit, and oral medications. A request had been made for carisoprodol and Ultram and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 250mg (Soma) quantity 210.00: 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 Page(s): 29 of 127.

Decision rationale: The most recent progress note, dated July 30, 2014, indicated that the injured employee's symptoms are controlled with the use of an H-wave unit and Lyrica. There are no complaints of lumbar spasms. As such, this request for carisoprodol is not medically necessary.

Ultram 100mg quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82- 113 of 127.

Decision rationale: The most recent progress note, dated July 30, 2014, indicated that the injured employee's symptoms are controlled with the use of an H -wave unit and Lyrica. As such, this request for Ultram is not medically necessary.