

Case Number:	CM15-0125635		
Date Assigned:	07/10/2015	Date of Injury:	01/02/2008
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48-year-old female who sustained an industrial injury on 01/02/08. Initial complaints and diagnoses are not available. Treatments to date include psychological therapy, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include neck and back pain. Current diagnoses include reflex sympathetic dystrophy, and posterior tibial tenosynovitis left foot. In a progress note dated 06/08/15, the treating provider reports the plan of care as additional physical therapy, and medications including Soma. The requested treatments include Soma and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Carisoprodol (Soma ½).

Decision rationale: Soma 350mg #240 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient states that this medication helps with her bipolar disorder. The MTUS does not support this medication for bipolar disorder. There are no extenuating circumstances that would warrant the continuation of this medication long term which is against MTUS recommendations. The request for Soma 350mg # 240 is not medically necessary.

Physical therapy, back and feet #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy, back and feet #6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 PT visits for the low back; up to 24 visits for reflex sympathetic dystrophy (CRPS). The documentation indicates that the patient has had an injury dating back to 2008. The MTUS recommends a fading of treatment frequency to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had for the back or feet and why the patient is not independent in a home exercise program. Furthermore, the recent physical exam findings do not reveal deficits in the feet or low back that would require 6 more supervised therapy sessions therefore this request is not medically necessary.