

Case Number:	CM15-0096435		
Date Assigned:	05/26/2015	Date of Injury:	10/11/2008
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

Certification(s)/Specialty: Family Practice

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 66 year old female who sustained a work related injury October 11, 2008, to her lower back. Past history included a spinal cord stimulator implant August, 2013. According to a primary treating physician's progress report, dated April 14, 2015, the injured worker presented with a flare-up of lumbar spine pain, rated 10/10 with sciatica right leg. Physician noted she ambulates with a walker. Diagnoses are lumbar/lumbosacral disc degeneration; rotator cuff tear. At issue, is a request for authorization for a low back brace and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back lumbar and thoracic (acute and chronic) lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to the MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. In this case, the injured worker has presented with a significant flare-up and the request for lumbar support is indicated for the reported acute exacerbation. The request for low back brace is medically necessary and appropriate.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, weaning of medications.

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

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and in regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a ██████████ ██████████); & (5) as a combination with codeine (referred to as Soma Coma). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The request for Soma 350 mg #60 is therefore not medically necessary and appropriate.