

<b>Case Number:</b>	CM14-0148052		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 24, 2012. The applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for Soma, approved a request for Tylenol No. 3, approved a request for Prilosec, denied a request for physical therapy, and denied a lumbar support. The applicant's attorney subsequently appealed. On March 13, 2014, the applicant apparently underwent some sort of computerized range of motion testing/functional capacity evaluation. In a medical-legal evaluation of March 15, 2014, the applicant presented with a variety of complaints, including headaches, neck pain, shoulder pain, low back pain, reflux, sleep disturbance, and left lower extremity pain. The applicant was wearing a lumbar support at this time, it was stated. The applicant was not cooking. The applicant was not working. The applicant was dependent on others to assist with activities of daily living, it was stated. The applicant was described as a qualified injured worker. In an August 19, 2014 progress note, the applicant was given prescriptions for Soma, Tylenol No. 3, and Prilosec, along with a lumbar support. Eight sessions of physical therapy were endorsed. The applicant was off of work, on total temporary disability, it was acknowledged, and was not working in any other capacity, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** No, the request for Soma (carisoprodol) is not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is concurrently using Tylenol No. 3, an opioid agent. Long-term usage of Soma in conjunction with the same is not recommended. Therefore, the request is not medically necessary.

**8 Physical Therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**Decision rationale:** Similarly, the request for eight sessions of physical therapy is likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does endorse an 8- to 10-session course of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the California (MTUS) Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant on opioid agents such as Tylenol No. 3. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.

**Lumbrosacral Support (purchse):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Treatment in Worker's Comp.- Support Braces

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Finally, the proposed lumbosacral support purchase is likewise not medically necessary, medically appropriate, or indicated here. As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of August 24, 2012. Introduction and/or ongoing usage of lumbar support is not indicated at this late date in the course of the claim. Therefore, the request is not medically necessary.