

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/16/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	5/1/1999
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007739

- 1) MAXIMUS Federal Services, Inc. has determined the request for **genetic testing is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #180 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **genetic testing is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #180 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 59 yo male who sustained a work-related injury 05/01/99. Diagnoses include neck pain, low back pain, mental impairment, and bilateral leg pain. He also has a history of morbid obesity and opiate addiction. He ambulates with the assistance of a cane and continues to complain of back pain. On exam back flexion is 45 degrees, extension 10 degrees, and lateral bending to the right and left is 25% of normal. He is maintained on Methadone, Soma, and Fortesta. The treating provider has requested genetic testing to tailor his medical regimen and Soma 350mg #180.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for genetic testing:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Work Loss Data Institute, Official Disability Guidelines 11th. Edition, On-line, Chapter on Chronic Pain, Genetic testing for potential opioid abuse, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Medscape Internal Medicine: Treatment for Chronic Pain 2012, which is not part of the MTUS.

Rationale for the Decision:

There is no documentation provided necessitating genetic testing for treatment of the employee's chronic pain condition. The employee has a history of opiate addiction and is presently treated with Methadone. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine an employee's addictive probability. The employee is already maintained on Methadone therapy due to the history of opiate addiction. The testing would not provide any benefit to the treatment of his chronic pain condition. The employee would benefit from a multidisciplinary approach to treatment of the chronic pain. **The request for genetic testing is not medically necessary and appropriate.**

2) Regarding the request for Soma 350mg #180:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, Pain-Carisoprodol (Soma), page 29, Drugs.com, Soma, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 41, which is part of the MTUS.

Rationale for the Decision:

Per the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. The employee has a history of opiate dependence. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant

medication has not been established. **The request for Soma 350mg #180 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.