

<b>Case Number:</b>	CM13-0006122		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 April 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscle relaxants; proton-pump inhibitors; a TENS unit; and orthotics. In a Utilization Review Report of July 5, 2013, the claims administrator denied a request for carisoprodol, approved a request for Norco, and denied a urine drug screen. The applicant's attorney subsequently appealed. A clinical progress note of June 27, 2013, is sparse, handwritten, and notable for comments that the applicant's orthotics have been beneficial, but that the applicant nevertheless reports ongoing low back and foot pain. The applicant is on Norco, Soma, and Motrin. The applicant's gait was reportedly within normal limits. The applicant is able to walk on the toes and heels. Medications were refilled. The applicant was asked to repeat a urine drug screen. Permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF CARISOPRODOL 350MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Guidelines, carisoprodol is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioids. In this case, the applicant is in fact using an opioid, Norco. Adding carisoprodol or Soma to the mix on a chronic or long-term basis is not recommended. In this case, the attending provider has not proffered any applicant specific rationale, narrative, or commentary so as to try and offset the unfavorable MTUS Chronic Pain Guidelines' recommendation. Furthermore, the attending provider has not established evidence of functional improvement with ongoing usage of Soma. Accordingly, the request is not medically necessary and appropriate.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** While Page 43 of the MTUS Chronic Pain Guidelines does support intermittent drug testing in the chronic pain population, the MTUS Chronic Pain Guidelines does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG, an attending provider should clearly state when an applicant was last tested along with any request for testing. It is also incumbent on the attending provider to clearly state which drug tests and/or drug panels he is testing for. Finally, the attending provider is also encouraged to stratify the applicant into high risk, intermediate risk, and/or low risk categories for which more or less frequent testing would be indicated. In this case, however, none of the aforementioned criteria were met. The attending provider did not clearly state which drug test and/or drug panels he was testing for, nor did he state when the applicant was last tested. Finally, the attending provider did not clearly stratify the applicant into high risk, intermediate risk, and/or low risk categories for which more or less frequent testing would have been indicated. Accordingly, the request is not medically necessary and appropriate on the grounds of several ODG criteria.