

<b>Case Number:</b>	CM13-0014665		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 20, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; attorney representation; topical compounds; extensive periods of time off of work; and a cane. In a Utilization Review Report of August 12, 2013, the claims administrator denied an outpatient drug screen, Soma, and an epidural steroid injection. The applicant apparently underwent earlier epidural steroid injections and facet joint blocks at L4-L5 and L5-S1 on July 9, 2012. A later note of November 12, 2013, is notable for comments that the applicant has persistent pain ranging from 3 to 10/10 with radiation to the lower extremities. Topical medications increase sleep, the applicant states. She is using a cane. She has positive straight leg raising. She is given prescription for Norco, Neurontin, Morphine, Relafen, and various topical compounds. The applicant has permanent work restrictions in place, but has now returned to work with said limitations, it is noted. In a prior urine drug test of September 10, 2012, the attending provider did perform testing for numerous opioid and benzodiazepines metabolites and perform confirmatory testing, it is further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Outpatient Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Web-based Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Drug testing and the Official Disability Guidelines (ODG), Chronic Pain, Urine Drug Testing.

**Decision rationale:** While Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish parameters for or a frequency with which to perform urine drug testing. As noted in the ODG chronic pain chapter urine drug testing topic, an attending provider should clearly state which drug tests and/or drug panels which he intends to test for as well as furnish an applicant's complete medication list. In this case, the attending provider has not clearly furnished or detailed the applicant's medication list or medication profile. He has not clearly stated what drug test or drug panels he intends to test for. Based on prior rug tests results on the file, the attending provider does appear intent on performing a confirmatory urine drug test. As noted by ODG, however, confirmatory testing is not generally recommended outside of the emergency department overdose context. For all of these reasons, the proposed urine drug screen is non-certified.

**The request for the purchase of Soma 350mg Quantity#90:**

**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 rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or Carisoprodol is not recommended for chronic or long-term use purposes, particularly in combination with other medications. In this case, the applicant is using numerous other opioid and non-opioid analgesic and adjuvant medications. Adding Soma or Carisoprodol to the mix is not indicated. Therefore, the request is not certified.

**The request for Lumbar Caudal Epidural Steroid Injection with lumbar decompression and unstated levels:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Web-based edition. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement and Sections 9798.10 - 9789.111..

**Decision rationale:** As noted on Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of repeat epidural steroid injection blocks include evidence of

functional improvement effected through prior epidural blocks. In this case, however, the applicant has had prior epidural blocks as late as 2012. There is no evidence that the applicant has effected any functional improvement through prior epidural blocks. The fact that the applicant remains off of work and remains highly reliant on various medical treatments, including injection therapy, medications, long-acting opioids, etc., implies a lack of functional improvement as defined in MTUS 9792.20F. Therefore, the request remains non-certified, on Independent Medical Review.