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| Case Number: | CM13-0015415 | | |
| Date Assigned: | 10/09/2013 | Date of Injury: | 05/11/2009 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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 Pain Management, has a subspecialty in Anesthesiology 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:

According to the records made available for review, this is a 54-year-old male with a 5/11/09 date of injury. At the time (7/26/13) of the decision for a refill of Soma 350mg #30 and random urine drug test, there is documentation of subjective (pain mainly on the left) and objective (spasms, limited range of motion, pain with bending) findings, current diagnoses (thoracic spin sprain/strain with myofasciitis, lumbar spine sprain/strain with myofasciitis, right scapular strain, and sleep disturbance/depression), and treatment to date (medication including ongoing use of Soma). Regarding refill Soma 350mg #30, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks). Regarding the random urine drug test, there is no documentation of on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL SOMA 350MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of thoracic spin sprain/strain with myofasciitis, lumbar spine sprain/strain with myofasciitis, right scapular strain, and sleep disturbance/depression. However, there is no documentation of acute muscle spasms. In addition, given ongoing use of Soma, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary and appropriate.

RANDOM URINE DRUG TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of thoracic spin sprain/strain with myofasciitis, lumbar spine sprain/strain with myofasciitis, right scapular strain, and sleep disturbance/depression. However, there is no documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for random urine drug test is not medically necessary.