

<b>Case Number:</b>	CM13-0025293		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of January 25, 2010. A utilization review determination dated March 20, 2013 recommends non-certification of soma and urine drug test. Certification is recommended for tramadol. A urine drug screen dated October 12, 2012 is negative for tramadol and positive for Soma. The negative tramadol result is inconsistent. A progress report dated October 12, 2012 includes medications being used, "tramadol and soma." A progress report dated August 21, 2013 include subjective complaints stating, "the patient complains of right hip pain and abdominal pain that she states is a level 6 on a 0 to 10 pain scale. The patient also complains of lower back pain with pain and numbness radiating into her right lower extremity. The patient is not working and she denies any new injuries." Physical examination identifies reduced range of motion in the lumbar spine, "decreased sensation was noted over the right L5 dermatomal region. Antalgic gait favoring her right lower extremity." Diagnoses include sprain/strain/contusion of the cervical spine, strain/sprain of the bilateral shoulders, prior history of adhesive capsulitis left shoulder, sprain/strain/contusion of the thoracic spine, sprain/strain/contusion of the lumbar spine, contusion of the coccyx, and contusion of the right knee. This treatment plan states, "request authorization for UDS test to be performed at next visit for medication compliance. The patient is currently taking tramadol and soma."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for longer than a 2 to 3 week period. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

**Urine drug test to be performed at next office visit for medication compliance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99.

**Decision rationale:** Regarding the request for a urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Within the documentation available for review, it is clear the patient is on a controlled analgesic in the form of tramadol. Therefore, the routine monitoring of urine drug testing is recommended by guidelines to improve compliance, and reduce the risk of misuse abuse and diversion. As such, the currently requested urine drug screen is medically necessary.