MAXIMUS Federal Services

Case Number:	CM13-0042715		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2004
Decision Date:	10/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 54 year old female who was injured on 09/07/2004 while she was lifting a patient and sustained an injury to her neck and shoulders. Prior treatment history has included home exercise program, Vicodin 5/500 mg, and Soma 350 mg Progress report dated 09/10/2013 states the patient presented with complaints of left shoulder pain which she rated as a 3/10. On exam, JAMAR grip dynamometer strength readings revealed 10/10/08 on the right and 02/00/02 on the left. There was tenderness over the left lateral tibia at site of fat loss. She was able to walk on her heels and toes without difficulty. The patient was diagnosed with cervical spine sprain/strain and status post severe contusion, left leg. She was recommended to continue with Vicodin 5/500 mg #100 mg and Soma 350 mg #90 with 5 refills. Prior utilization review dated 09/17/2013 states the request for Vicodin 5/500 Mg, #100 with 5 Refills; Soma 350 Mg, #90 with 5 Refills; Outpatient Urine Drug Screen; and Outpatient Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 MG, #100 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing any sustainable improvement in pain or function and long term use of Vicodin is not recommended by the guidelines. Therefore, the request for this medication is not medically necessary.

SOMA 350 MG, #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle relaxants Page(s): 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/carisoprodol-and-aspirin.html

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Soma is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short-term use. There is no supporting documentation of functional improvement and long-term use of Soma is not recommended by the guidelines. Therefore, this request is not medically necessary.

OUTPATIENT URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

Decision rationale: The Chronic Pain Medical Treatment Guidelines not that drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state that a urine drug test is recommended as a tool to monitor compliance with prescribed substance, identify use of undisclosed substance, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicated routine drug screens however, there is no supporting documentation of clear rational as to the necessity of additional drug screening as there is no documented aberrant behavior or signs of misuse. Based on the lack of supporting documentation the request is not medically necessary at this time.