

<b>Case Number:</b>	CM13-0043646		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 36 year old female with a date of injury of 04/09/1996. The listed diagnoses per [REDACTED] dated 09/17/2013 are: (1) Urinary incontinence, (2) chronic pain, (3) reflex sympathetic dystrophy, (4) obesity, (5) fibromyalgia. According to a report dated 09/17/2013, the patient reports pain in her left lower back radiating to left lower extremity. It was noted that patient recently had a MRSA test which was clear and the patient is "okay for surgery." A report included a pain assessment which included cause of pain, description of pain, pain rating, previous and current pain, duration of pain relief and aggravating factors. The patient's current medication regimen includes Soma 350 mg and Dilaudid 8 mg. It was noted that patient is mildly allergic to Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page 63. Page(s): 63.

**Decision rationale:** This patient presents with continued low back pain that radiates down to the lower extremities. The MTUS Chronic Pain Guidelines regarding muscle relaxants state, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." The treater is asking for Soma 350 mg #60. Muscle relaxants are recommended for short-term use only. The requested Soma is not medically necessary and appropriate.

**Dilaudid 8mg #252:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Page: 93.) Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates pages 88-89. Page(s): 88-89.

**Decision rationale:** For chronic opiate use, the MTUS Chronic Pain Guidelines require documentation of functional improvement using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's, analgesia, ADLs, adverse side effects, and adverse behavior are required. In this case, although the treater does provide a pain assessment, the treater does not include a numerical scale, nor discuss how the medication is providing functional improvements. The request for Dilaudid 8mg #252 is not medically necessary and appropriate.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing page 43 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Guidelines do not specifically address how frequently urine drug screens should be obtained for various risk opiate users, the Official Disability Guidelines provide a clearer guideline. For low risk opiate users, one yearly urine drug is recommended following initial screening within the first 6 months. In this case, the patient was administered a drug screen in February, April, May, June, and July which was all consistent with medications prescribed. The reports do not indicate medication changes or any assessment of the patient's risk for opiate use. No aberrant medication use behavior was documented warranting such frequent UDS. The request for a urine drug screen is not medically necessary and appropriate.