

<b>Case Number:</b>	CM13-0044638		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2002
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 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 52-year-old female with date of injury on 07/25/2002. The progress report dated 10/07/2013 by [REDACTED] indicates that the patient's diagnoses include: Cervical radiculitis, bilateral elbow pain, bilateral shoulder pain, status post bilateral CTR plus bilateral UNR, bilateral epicondyle release surgery, history of gastric ulcer, status post right hip surgery on September 2012. The patient continues with low back pain that radiates to the right lower extremity. The patient also complains of neck pain that radiates to bilateral upper extremities. The patient also complains of left shoulder pain. The patient reports the pain level is increased with average pain level of 4/10 with medications and a 7/10 without medications. The patient's exam findings included decreased range of motion in the cervical spine with increased pain with flexion, extension, and rotation. Spinal vertebral tenderness was noted in the cervical spine at the level of C4 through C7. Cervical myofascial tenderness was noted on palpation. The patient was prescribed Soma for muscle spasms, Norco for pain reduction, and a urine drug screen was obtained to monitor adherence to a prescription drug treatment regimen. It was noted that the patient is a long-term user of opioids and has a diagnosis which includes chronic pain. NSAIDS and alternative analgesics have either been ineffective alone or not well tolerated. The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a pain contract is on file. The patient is monitored by periodic urinary drug testing and CURES reporting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective 1 prescription of SOMA 350 mg #90 between 10/7/2013 and 12/10/2013:**

Upheld

**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): 29.

**Decision rationale:** The patient has continued with chronic pain in the cervical and lumbar spine as well as shoulder pain. The patient has been prescribed Soma for relief of muscle spasm. MTUS page 29 states that Soma is not recommended for chronic use. In this patient, Soma appears to have been used on a chronic basis. Recommendation is for denial.

**Prospective 1 prescription of Norco 10/325 mg #120 between 10/7/2013 and 12/10/2013:**

Overtaken

**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 OPIOIDS Page(s): 88-89.

**Decision rationale:** The patient continued with significant neck pain, low back pain, and shoulder pain. The average pain is a 7/10, coming down to a 4/10 with pain medication. It was noted the patient tolerates the medication well without negative side effect and is able to continue activities of daily living and improved function due to the use of this medication. MTUS page 88 and 89 regarding long-term use of opioids states the pain should be assessed at each visit, and functioning should be measured at 6-month interval using a numerical scale or validated instrument. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. I reviewed 6 months' worth of progress reports dated between 04/10/2013 and 12/02/2013. It appears that the patient has had satisfactory response to long-term use of Norco with continued documentation of reduced pain level and improved quality of life, and no negative side effects being reported by the patient. Therefore, authorization is recommended.

**Prospective 1 urine drug screen between 10/7/2013 and 12/10/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

TWC Guidelines, online, Pain Chapter, Urine Drug Testing (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>)

**Decision rationale:** The medical records appear to indicate the patient has been compliant with her medications and has had consistent urine drug screens. The records indicate the patient has had 6 urine drug screens between the dates of 05/15/2013 and 10/07/2013. MTUS page 94 and 95 states that frequent random toxicology screens are recommended. MTUS is silent on the frequency of urine drug screens unless the patient is a "high risk" for opiate abuse, in which case "frequent" screens are recommended. ODG Guidelines were reviewed which indicate patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. This patient appears to be at low risk as they have been continually consistent with their urine drug screens, and the treating provider does not provide documentation that would suggest the patient is at a higher risk. Therefore, recommendation is for denial.