

Case Number:	CM13-0053525		
Date Assigned:	12/30/2013	Date of Injury:	02/23/1992
Decision Date:	06/23/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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, 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 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 52-year-old male with a date of injury of 02/23/1992. The listed diagnoses per [REDACTED] are lumbar radiculopathy, lumbar disk degeneration, lumbar facet arthropathy, lumbar failed surgery syndrome, status post lumbar fusion, myalgia/myositis, chronic pain and status post T11 to T12. According to progress report 10/28/2013 by [REDACTED], the patient complains of low back pain that radiates to bilateral lower extremities. An examination revealed range of motion of the lumbar spine is reduced secondary to pain. There is spinal vertebral tenderness noted in the lumbar spine at L4 to S1 level. The patient is status post bilateral L3, L4, L5, S1 facet medial branch nerve injections on 04/05/2013. The patient's medication regimen includes Norco, Neurontin, Soma, and Lidoderm patches. The provider recommends a refill of Soma 350 mg #60 and a random urine drug test to assist in monitoring adherence to prescription drug treatment regimen. Utilization review denied the requests on 11/12/2013.

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 Carisprodol Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Carisoprodol (Soma®) and Muscle Relaxants Page(s): 29.

Decision rationale: This patient presents with complaints of low back pain that radiates to bilateral lower extremities. The provider is requesting a refill of Soma 350 mg #60. A review of the medical file indicates the patient has been taking Soma since 02/18/2013. The California MTUS Guidelines page 63 regarding muscle relaxant states "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations and patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time and prolonged use of this medication and this class may lead to dependence." Muscle relaxants recommended for short term use only. Recommendation is for denial.

RETROSPECTIVE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen.

Decision rationale: This patient presents with low back pain that radiates down to bilateral left lower extremities. The provider is requesting retrospective request for urine drug screen date of service 10/28/2013. While California MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risks opiates users, ODG Guidelines provide clear recommendation. It recommends once yearly drug screen testing following initial screening with the first six months for management of chronic opiate use in low-risk patients. In this case, this patient has been taking chronic opioid and urine drug screen may be appropriate; however, ODG recommends once yearly testing for low-risk patients. Medical records provided for review indicates the patient had UDS on 02/19/2013, 04/15/2013, 06/10/2013, 08/15/2013, and 10/28/2013. The requested retrospective request of the urine drug screen, date of service 10/28/2013, is not medically necessary.