

<b>Case Number:</b>	CM13-0054410		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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:

This is a 46 year-old female with a 4/9/1996 industrial injury claim. According to the 10/15/13 follow-up report from [REDACTED], the patient presents with left-side low back pain radiating to the left leg. [REDACTED] noted the recent MRSA test was clear and the patient was cleared for surgery for either the ITpump or an SCS trial, which the patient was open to as the oral medications were denied. Her diagnoses included unspecified urinary incontinence, chronic pain, RSD (left foot) obesity; and fibromyalgia. [REDACTED] renewed the Soma 350mg tid, #90; Dilaudid 8mg 3q4 #252 and ordered another UDT. Prior UDT were on 1/8/13, 2/26/13, 4/9/13, 5/21/13, 7/30/13, 8/27/13, 9/17/13, On 10/31/13 UR denied the 10/15/13 UDT and modified the Soma and Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing

**Decision rationale:** The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This patient was tested on 1/8/13, 2/26/13, 4/9/13, 5/21/13, 7/30/13, 8/27/13, 9/17/13, and 10/15/13. There is no mention of the patient being at high, medium or low risk, the tests detected the medications the patient is taking. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

**Soma 350mg once daily, quantity of 90:** Upheld

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

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

**Decision rationale:** The patient presents with chronic back and left leg pain. The patient has been on Soma 350mg 3/day, for several months from 1/8/13. MTUS guidelines state: "Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period" The patient has been on Soma for at least 9-months. Continuing to use the medication that is not recommended for use over 3-weeks, is not in accordance with MTUS guidelines.

**Dilaudid 8mg, quantity of 252:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

**Decision rationale:** The 10/15/13 report from [REDACTED] states the patients pain is 6/10, and on bad days is 9/10 there is no discussion of efficacy of medications. The pain has remained unchanged and there is no discussion of medication efficacy or improved function in the past 6-months of medical reporting, including the reports dated 9/17/13, 8/27/13, 7/30/13, 7/02/13, 5/21/13, and 4/9/13. MTUS for long-term use of opioids states "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument" MTUS states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The reporting over the last 6-months has not discussed decreased pain, improved function or improved quality of life with use of the medications. The documentation does not show a satisfactory response to opioid therapy. MTUS does not recommend continuing with treatment that does not produce a

satisfactory response. The reporting requirements for continued use of Dilaudid have not been met. The request is not in accordance with MTUS guidelines.