MAXIMUS Federal Services

Case Number:	CM13-0056138		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2002
Decision Date:	04/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 48 year old female with date of injury 6/28/02. The treating physician report dated 11/4/13 indicates that the patient has constant pain affecting the lumbar spine that is rated a 10/10 with paresthesia of the lower extremities. The current diagnoses are: 1.Cervical spondylosis C3/4 and C6/7 with bilateral upper extremity radiculopathy. 2.Left shoulder sprain/strain. 3.Lumbar spine scoliosis with bilateral lower extremity radiculopathy. 4.Left hip sprain/strain. 5.Left knee internal derangement, rule out meniscus tear. The utilization review report dated Â¬Â¬Â¬Â¬11/15/13 modified the request for 1 Soma 350mg #60 to 1 Soma 350mg #48. The request for Medrox lotion 120mg was non-certified based on the rationale of lack of guideline support. The request for 1 urine drug test was non-certified because a prior drug screen on 10/8/13 showed no suspicion of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient presents with chronic lower back pain that was rated a 10/10. Review of the initial orthopedic treating physician report dated 5/20/13 states that the patient was prescribed Norco, Soma, Celebrex and Ambien. In reviewing the follow up reports dated 6/17/13, 8/26/13, 9/30/13, 10/10/13 and 11/4/13 the treating physician continued to prescribe Soma. The MTUS guidelines are very clear regarding Soma which states: "Not recommended. This medication is not indicated for long-term use." The treating physician reports reviewed indicate that the patient has been taking Soma since 5/20/13 and MTUS guidelines do not recommend the usage of Soma long term. Recommendation is for denial.

MEDROX LOTION 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic lower back pain that is rated a 10/10. Examination findings reveal paraspinal spasms and tenderness, sciatic notch tenderness bilaterally, restricted motion by 50%, + SLR bilaterally and weakness 4/5 of left quadriceps, tibialis anterior and extensor halluces longus. The treating physician has prescribed Medrox lotion which is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. The MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that no studies have been performed on Capsaicin .0375% formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The MTUS guidelines do not support the usage of Capsaicin .0375% formulation. Furthermore, Salicylate topical, an NSAID, is supported for peripheral joint arthritic and tendinitis type of problems only. This patient presents with lumbar pain for which topical NSAID is not indicated. Recommendation is for denial.

1 URINE DRUG SCREEN TEST: Overturned

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

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)

Decision rationale: The patient presents with chronic lower back pain that is rated a 10/10. The patient has been utilizing Norco since at least 5/20/13. There is one Urine Toxicology report for review dated 9/30/13. The report indicates the medical necessity of the urine drug screen, however no results are listed. MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. Although MTUS does not discuss how

frequent Urine Toxicology is to be obtained, the ODG guidelines recommend once within the first 6 months and once every year thereafter for low-risk opioid users. The review of the reports do not show that there were any other urine toxicology screenings in 2013. Recommendation is for authorization.