

Case Number:	CM13-0061727		
Date Assigned:	01/15/2014	Date of Injury:	10/16/2003
Decision Date:	04/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 10/16/03. Diagnoses include lumbar radiculopathy, failed back surgery syndrome, left shoulder pain, anxiety, and depression. Subjective complaints are of constant low back pain that radiates to bilateral hips rated 5/10 with medication and 9/10 without, and left shoulder pain. Physical exam shows an antalgic gait, tenderness over lumbar paravertebral area, and decreased lumbar spine range of motion. Medications include Norco 10/325mg, Soma 350mg, Butrans patch, and prochlorperazine. The submitted documentation highlights that patient has been stable and compliant with opioid therapy, has had functional improvement, and had no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 SOMA 350MG: Upheld

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

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

Decision rationale: The California MTUS does not recommend Soma. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has

been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used this medication chronically for at least six months. Due to the lack of effectiveness of this medication class, further treatment would not be medically necessary. For these reasons, Soma is not medically necessary.

120 NORCO 10/325MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

A URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. The Official Disability Guidelines recommend the use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For patients at low risk of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has not been documentation of a recent drug screen. Urine drug screening is supported by the guidelines and clinical documentation. Therefore, periodic urine drug screening is medically necessary.