

Case Number:	CM13-0065826		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2004
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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:

This is a 43 year-old male with a 4/12/2004 industrial injury claim. He has been diagnosed with lumbar postlaminectomy syndrome; lumbar disc w/radiculitis; and lumbar disc degeneration. According to the 11/18/13 pain management report, the patient presents with back and lower extremity pain, s/p fusion from 2009. He was in for refills on Soma, Percocet, Xanax and Medrox patches. His pain was at 4/10, and he requests to keep his medications to a minimum. The physician recommended a urine drug test for the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #20: Upheld

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

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

Decision rationale: According to the 11/18/13 pain management report, the patient presents with 4/10 back and lower extremity pain, s/p fusion from 2009. I have been asked to review for Soma. The 8/26/13 and 6/3/13 reports show the patient has been using Soma for at least 5-

months. The MTUS guidelines specifically state that Soma is not recommended for use over 3-weeks. The continued use of Soma over 5-months is not in accordance with MTUS guidelines. The request for Soma 350mg, #20 is not medically necessary.

XANAX 0.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 11/18/13 pain management report, the patient presents with 4/10 back and lower extremity pain, s/p fusion from 2009. I have been asked to review for Xanax. The 8/26/13 and 6/3/13 reports show the patient has been using Xanax for at least 5-months. The MTUS guidelines specifically state that Xanax, a benzodiazepine, is not recommended for long-term use and most guidelines limit use to 4-weeks. The continued use of Xanax over 5-months is not in accordance with MTUS guidelines. The request for Xanax 0.5mg, #90 is not medically necessary.

LABS CONSISTING OF UDS, BUN, CR, LFTS: Overturned

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

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

Decision rationale: According to the 11/18/13 pain management report, the patient presents with back and lower extremity pain, status post fusion from 2009. He has been on oxycodone/APAP and naproxen for an extended period of time. The prior urine drug test was on 10/17/2012, and the records did not include any labs for liver or kidney function. The MTUS states that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. The frequency of once a year is generally appropriate, unless the patient is found to be above low-risk for aberrant drug behavior. This patient has been taking the NSAID naproxen. According to the MTUS, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The request for the labs, including UDS, BUN, CR, LFTs are in accordance with MTUS guidelines and are medically necessary and appropriate.