

Case Number:	CM13-0067225		
Date Assigned:	01/03/2014	Date of Injury:	06/02/2000
Decision Date:	05/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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 has submitted a claim for low back pain with an industrial injury date of June 2, 2000. Treatment to date has included more than 20 physical therapy sessions, 6-8 sessions of acupuncture, home exercise program, cervical epidural steroid injection, right sacroiliac joint injection, lumbar epidural injection, bilateral L3-4 medial branch block, bilateral shoulder surgeries, left hip total hip replacement, and opioid and non-opioid medications, including Soma 350mg 1-2 PO daily (since October 2012). Utilization review from December 9, 2013 modified the request for Soma 350 mg QTY: 240 to QTY 120 for weaning purposes. The same review denied the request for urine toxicology because the patient is considered low risk for medication abuse and the results and date of the last urine drug screen was not known. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to both legs, left worse than the right, rated 10/10 without medications and 5/10 with medications. She reported that her medications kept her functional allowing for increased mobility and tolerance of ADLs and home exercises. No side effects were noted. On physical examination, there was tenderness on the cervical paraspinals. Spurling maneuver was positive while Hoffman's sign was negative. Lumbosacral exam showed tenderness of the paraspinals with pain on external and internal rotation of the right hip. Range of motion was limited. Sciatic notch tenderness was present on the left. There was positive straight leg raise on the right. Toe and heel walking were abnormal. Fabere test was negative bilaterally. Gait was antalgic and weak with deliberate steppage gait due to left foot drop. Posture was normal. Left lumbar spasm was noted. There was decreased motor strength and sensation of the left lower extremity with associated decrease in deep tendon reflexes. A drug screen dated 11/13/2013 showed results consistent with the patient's medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

Decision rationale: According to pages 29 & 65 of the Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma since October 2012 (19 months to date), which is beyond the recommended 2 to 3 week period. Furthermore, there is no discussion regarding continued use of Soma despite its high potential for abuse. Therefore, the request for SOMA 350MG #240 is not medically necessary.

URINE TOXICOLOGY: 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 Page(s): 78.

Decision rationale: According to page 78 of the Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, although the patient has been on chronic opioid use, the medical records submitted did not indicate how often urine drug screen was done to the patient; hence, it is not known whether urine drug screen was already performed more than 4 times for the past year, as recommended by the guidelines. In addition, there is no discussion of the patient having a high risk for aberrant drug use behavior necessitating urine drug screen. Therefore, the request for Urine Toxicology is not medically necessary.