

<b>Case Number:</b>	CM13-0069011		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/22/2003
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 03/22/2003. The mechanism of injury was not provided for review. The patient's treatment history included multiple medications and epidural steroid injections. The patient's most recent clinical evaluation documents that the patient has continued pain complaints and recently experienced acute exacerbation in chronic pain. It was also noted that the patient uses Vicodin, Motrin, and Soma periodically for acute spasm and flare-ups of his low back pain. Physical findings included tenderness to palpation over the spinous process of L5-S1 and tenderness with muscle spasm and myofascial trigger points over the bilateral lumbar paraspinal musculature with decreased range of motion secondary to pain and a positive left-sided straight leg raise test. The patient's diagnoses included lumbar sprain/strain. The patient's treatment plan included referral to a pain management specialist and continued use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug 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 rationale:** The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens for patients who exhibit symptoms that provide suspicion of illicit drug use. It is also recommended for patients who are on opioid therapy. The clinical documentation submitted for review does provide evidence the patient occasionally takes Vicodin with acute exacerbations of the patient's pain. However, there is no evidence of ongoing use of opioids that would require regular monitoring. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has any aberrant or drug-seeking behaviors or symptoms of overuse to support the need for a urine drug screen. As such, the requested urine drug screen is not medically necessary or appropriate.

**Norco 10/325mg QTY: 400.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain recommendations for general conditions. P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg QTY: 400 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain is supported by ongoing documentation of pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient is regularly monitored for ongoing pain relief and functional benefit. Additionally, the request as it is written does not provide a dosage frequency. Therefore, the appropriateness of the request cannot be determined as the quantity is for 400 pills. This request appears to not allow for timely reassessment and re-evaluation of the efficacy of this medication. Therefore, continued use would not be supported. As such, the requested 10/325 mg QTY: 400 are not medically necessary or appropriate.

**Soma 350mg QTY: 360.00:** Upheld

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

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

**Decision rationale:** The requested Soma 350 mg QTY: 360 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate the patient uses this medication only for acute exacerbations of chronic pain. However, the request as it is written does not provide a frequency of treatment. The requested 360 pills appear to exceed guideline recommendation of 2 to 3 weeks' duration of treatment and there are no exceptional factors noted to extend treatment

beyond guideline recommendations, the continued use of this medication would not be supported. As such, the requested Soma 350 mg QTY: 360 are not medically necessary or appropriate.

**Motrin 800mg QTY: 400.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-67.

**Decision rationale:** The requested Motrin 800 mg QTY: 400 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. The clinical documentation does indicate that the patient uses this medication for acute exacerbations of pain. However, the request as it is written does not provide a frequency treatment. Therefore, the requested 400 pills does not allow for timely reassessment and re-evaluation of the efficacy of this medication. Additionally, the clinical documentation fails to provide any evidence of functional benefit or pain relief as result of the use of this medication. Therefore, continued use would not be supported. As such, the requested Motrin 800 mg QTY: 400 are not medically necessary or appropriate.