

<b>Case Number:</b>	CM13-0069809		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/14/2000
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 has a subspecialty in Pain Medicine 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 injured worker is a 54-year-old female who reported an injury on 09/14/2000. The mechanism of injury was not stated. Current diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, and lumbar degenerative disc disease. The injured worker was evaluated on 11/18/2013. The injured worker reported chronic, severe back and leg pain. Current medications included Norco 10/325 mg, Soma 350 mg, and Neurontin 300 mg. The injured worker has been previously treated with a lumbar epidural steroid injection. Physical examination on that date revealed limited lumbar range of motion, right-sided paravertebral tenderness, positive straight leg raising on the right, an antalgic gait, spasm in the right lumbar region, and decreased strength and sensation. Treatment recommendations included continuation of current medication, as well as a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol(Soma®, Soprodol 350, Vanadom®, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 weeks to 3 weeks. Despite ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request for Soma is not medically necessary.

**ONE URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances(May 2009), page 10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the request for the Urine Drug Screen is not medically necessary.