

Case Number:	CM13-0072373		
Date Assigned:	02/12/2014	Date of Injury:	05/24/2004
Decision Date:	04/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old male who reported an injury on 05/24/2004. The mechanism of injury was noted to be a fall. The patient is diagnosed with acute aggravation of lumbar disc, history of chronic low back pain with lumbar spondylosis and facet arthropathy, recent exacerbation of lower extremity radicular pain, and lumbar facet pain. His medications are noted to include Nucynta 75 mg 4 times a day, Soma 350 mg daily, Neurontin 600 mg one half in the morning and one half at bedtime, and Motrin 800 mg as needed. His symptoms are noted to include low back pain and right-sided leg pain. His physical examination findings include muscle tension with palpation of the lumbar spine, slight swelling in the lower right region with tenderness over the right L4-5 facet joint, and pain with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg qty 30: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, Soma is not indicated for long-term use. The guidelines indicate that the main effect of Soma is due to generalized sedation and treatment of anxiety, and it has a high occurrence of abuse for its sedative and relaxant effects. Despite the documentation indicating that the patient has significant pain relief and increased ability to perform his activities of daily living with use of his medications, as the guidelines specifically state use of Soma is not supported long-term, the request is not supported. As such, the request is non-certified.

Urinary drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, urine drug testing may be recommended for patients taking opioid medications with documented evidence of aberrant drug taking behaviors or suspicion of abuse/addiction. The clinical information submitted for review indicates that the patient does utilize opioid medications. However, the patient's clinical notes failed to provide any evidence of possible aberrant drug taking behaviors, abuse, or addiction to warrant urine drug testing. As the guidelines do not support use of urine drug screens as a screening tool without evidence of misuse or the above indications, the request is not supported. As such, the request is non-certified.