

<b>Case Number:</b>	CM14-0000437		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 American Board of Orthopedic Surgery and is licensed to practice in Texas and Tennessee. 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 49-year-old male who was injured on May 7, 2008. Mechanism of injury not specified. Included in the documents is a urine drug screen that was collected on December 6, 2013 and reported on December 11, 2013. This urine drug screen is negative for opiates, Xanax, and Soma. The clinical progress note from December 6, 2013 indicates the meds will be continued, there is a positive straight leg raise bilaterally with left lower extremity radicular symptoms and tenderness to palpation about the lumbar spine. Range of motion of the lumbar spine is diminished. The utilization review in question was rendered on December 19, 2013. The reviewer denied a request for soma 350 mg, Xanax, and a urine drug screen. The reviewer indicates that soma is not supported by the MTUS guidelines and its long-term use is not recommended. With regards the Xanax, the reviewer indicates that the MTUS recommends against long-term use of this medication. Additionally, on the urine drug screens dated October 8, 2012 and December 11, 2013 Xanax was not noted to be present despite continued prescriptions for this medication. With regards to the urine drug screen, the reviewer indicates that urine drug screen was performed on December 11, 2013 (8 days prior to the review) and that in the absence of high risk behavior urine drug screens are supported twice annually.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 21.

**Decision rationale:** The MTUS specifically recommends against this medication and indicates that is not for long-term use. Based on clinical documentation provided, the claimant has been document as taking this medication chronically. However the most recent urine drug screen indicates that this medication was not being utilized. As such, the request is considered not medically necessary. Tapering is not considered necessary as the most recent urine drug screen demonstrate no evidence of this medication.

**XANAX 2 MG #60:** Upheld

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

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

**Decision rationale:** The MTUS specifically recommends against the long-term use of this medication as long-term efficacy is unproven and there is risk of dependence. Based on the clinical documentation provided, claimant appears to be utilizing this medication chronically. However, the most recent urine drug screen does not show evidence of Xanax. As such, the request is considered not medically necessary and tapering is not required.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing And Opioids, Page(s): 43, 74-96.

**Decision rationale:** The MTUS supports the use of urine drug screens. However, urine drug screen had been performed approximately one week prior to the utilization review. It is unclear why an additional urine drug screen is necessary at this time. Additionally, the most recent urine drug screen demonstrate of medications were not currently being utilized. As such, the request is considered not medically necessary.