

Case Number:	CM14-0100005		
Date Assigned:	09/16/2014	Date of Injury:	12/17/2004
Decision Date:	10/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 17, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; earlier lumbar spine surgery; adjuvant medications; earlier cervical epidural steroid injection therapy in August 2009; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 23, 2014, the claims administrator retrospectively denied a request for Soma, denied a request for urine toxicology screen, denied a request for a cervical epidural steroid injection, and denied a request for a follow-up visit. The applicant's attorney subsequently appealed. In a progress note dated June 9, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant was reportedly working with permanent limitations in place. Neck pain with radiation to and weakness about the bilateral upper extremities was appreciated. The applicant was using Norco occasionally and Soma rarely, it was stated. The applicant was using Neurontin daily. A 4/10 pain with medication versus 7/10 pain without medication was appreciated. Limited cervical range of motion and diffuse paraspinal tenderness were noted, with upper extremity strength ranging from 3+ to 4+/5. Decreased sensorium is noted about the bilateral upper extremities in patches. The attending provider went on to appeal a previously denied cervical epidural steroid injection. The applicant is asked to follow up with her personal physician to address issues associated with comorbid lupus. Multiple medications were renewed. On May 12, 2014, it was again stated that the applicant continued to work at Ventura County, with limitations in place. Pain ranging from 4/10 with medications versus 7/10 without medications was noted. Multiple medications, including ten tablets of Soma, 90 capsules of gabapentin, and 75 tablets of Norco were endorsed. The applicant was apparently working in permanent limitations in place. A cervical epidural

steroid injection was sought, along with a urine toxicology screen. It was suggested on an earlier note of March 20, 2014 that the applicant had received a drug testing on October 14, 2013 and February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain): Soma (carisoprodol) Page(s): 29, 63-6. Decision based on Non-MTUS Citation Chou, 2007; Mens, 2005; Van Tulder, 1998

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

Decision rationale: 1. Yes, the request for Soma 350 mg #10 is medically necessary, medically appropriate, and indicated here. As noted on page 65 in the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not recommended for longer than two to three week period. In this case, the 10-tablet supply of carisoprodol does imply a short term, rare usage, as suggested by the attending provider. Continuing the same, on balance, is indicated, given the applicant's self-reports of analgesia achieved with the same and apparent successful return to work. Therefore, the request is medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids Page(s): 76-79, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: 2. The request for a urine toxicology screen, conversely, is not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODGs Chronic Pain Chapter Urine Drug Testing Topic, however, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, and attempt to stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. In this case, the attending provider did not state what drug tests and/or drug panels he intended to test for, nor did the attending provider attempt to categorize the applicant into higher or lower risk categories for which more or less frequent testing would be indicated. Therefore, the request is not medically necessary.

Cervical Epidural Steroid Injection at the right C4 and T1 levels: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Manchikanti, 2003; CMS, 2004; Boswell, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: 3. Finally, the proposed cervical epidural steroid injection is medically necessary, medically appropriate, and indicated here. The request in question does represent a renewal or repeat block. As noted on page 46 in the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant has returned to and maintained successful return to work status at Ventura County after having had prior cervical epidural steroid injection therapy. The earlier cervical epidural steroid injections have curtailed the applicant's medication usage, the attending provider has reported. All the above, taken together, do constitute evidence of functional improvement as defined in MTUS 9792.20f through prior cervical epidural steroid injection therapy. Therefore, the request for a repeat block is medically necessary.