

Case Number:	CM14-0107815		
Date Assigned:	08/01/2014	Date of Injury:	07/29/1998
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 61 year old female who had a work-related injury on 07/29/99. The mechanism of injury is not documented. She is currently receiving treatment for a status-post cervical fusion and chronic lumbosacral pain. Most recent submitted record dated 05/19/14 she complains of frequent headaches. Constant neck pain rated 7/10 on the visual analog scale (VAS). It radiates down to the bilateral shoulders and bilateral upper extremities with associated limited range of motion. In addition, she complains of constant right shoulder pain, rated 7/10. Mid back pain rated 7/10 VAS with associated stiffness and constant low back pain rated 7/10 VAS with radiation to the bilateral lower extremities with associated numbness and tingling. She also has spasms in the bilateral upper and lower extremities. Her current medications include Norco 10/325mg and Soma 350mg. The physical examination reveals cervical spine range of motion is limited with pain in all movements. Spurling's test is positive bilaterally. The upper extremity motor strength testing is 5/5 bilaterally in the deltoids, triceps, and interossei, except for weakness in the biceps and wrist extensors at 4/5 bilaterally. Sensory examination reveals dull and diminished findings over the bilateral C6 dermatomes. A urine drug test on 02/17/14 was inconsistent with her medication. There is no documentation of functional improvement, as well as no VAS score with and without medication. The Carisoprodol was not detected and was inconsistent with prescribed therapy. Prior utilization review dated 06/12/14 modified Soma and Norco and non-certified the urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 X 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain)

Decision rationale: The current evidence based guidelines do not support the request for Soma. They recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. A prior utilization review dated 06/12/14 modified Soma to initiate weaning. Therefore medical necessity has not been established.

Norco 10/325mg #90 X 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids

Decision rationale: The current evidence based guidelines as well as clinical documentation submitted for review do not support the request. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review dated 06/12/14 modified Norco to initiate weaning. As such medical necessity has not been established.

Urine Drug Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of

therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. As such, the request for urine drug test is not medically necessary.