

<b>Case Number:</b>	CM14-0010972		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of November 27, 2000. A utilization review determination dated January 9, 2014 recommends non-certification of 1 urine drug screen, modification of 1 prescription for Norco #200 to 1 prescription for Norco 10/325 mg #32, and modification of 1 prescription for Soma 350 mg #60 to 1 prescription for Soma 350 mg #10. The previous reviewing physician recommended non-certification of 1 urine drug screen due to lack of documentation of signs of addiction; modification of 1 prescription for Norco #200 to 1 prescription for Norco 10/325 mg #32 due to lack of documentation of evidence of functional improvement and to continue with the weaning process; and modification of 1 prescription for Soma 350 mg #60 to 1 prescription for Soma 350 mg #10 due to stopping Soma suddenly can lead to withdrawal. A progress report dated January 7, 2014 identifies subjective complaints of neck pain and severe upper back pain worse on the left. The patient's pain score is 5/10 with medications, without medications it is 10/10. Objective Findings identify UDS November 21, 2013 positive for Sertraline, Alprazolam, THC, Carisoprodol, Hydrocodone, and Hydromorphone. Industrial Diagnoses identify cervical radiculopathy s/p cervical fusion and multiple revisions, neck pain, right shoulder sprain and strain s/p surgery, cephalgia, chronic pain syndrome, tension headaches, chronic pain-related insomnia, myofascial syndrome, prescription narcotic dependence, and neuropathic pain. The treatment plan identifies request authorization for urine drug screen to assess medication compliance and identify possible drug diversion, continue Norco 2 po q 6-8 hrs #200, Soma 350 mg 1 po BID #60, check status of authorization for a NESP-R program consultation, the report will outline the treatment plan for the patient that includes narcotic detoxification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,).

**Decision rationale:** Regarding the request for a urine drug screen, California MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication and a diagnosis of prescription narcotic dependence. There is mention of a urine drug screen performed on November 21, 2013. In a patient with narcotic dependence, urine drug screens are appropriate to monitor any aberrant behavior. As such, the currently requested urine drug screen is medically necessary.

**ONE PERSCRIPTION NORCO QUANTITY 200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,).

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, note is made that current medications improve the patient's pain. It appears possible aberrant behavior is being monitored via urine toxicology tests. However, there is no documentation regarding side effects. There is also mention of a possible plan for narcotic detoxification. In light of such issues, the currently requested Norco is not medically necessary.

**SOMA 350 MG QUANTITY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2018).

**Decision rationale:** Regarding the request for Soma (Carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, while the patient is noted to have less pain on current medications, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.