

Case Number:	CM14-0165622		
Date Assigned:	10/10/2014	Date of Injury:	12/12/2002
Decision Date:	11/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 patient is a 59 year old male who sustained an industrial injury to the neck and low back on 12/12/2002 during an altercation. He is retired. Surgical history includes L4-5 PLIF on 8/8/2007 and hardware removal with exploration of L4-5 fusion on 2/9/2009. Right C7-T1 ESI on 9/15/2014 provided no notable quantified relief. Care has also included medications, diagnostics, physical therapy, functional restoration program, testosterone injections, lumbar brace, pain management program, and psychotherapy. Prior peer review on 3/04/2014 approved CBC with differential, free testosterone and chemistry 19, and Suboxone 2/0.5mg #45 modified to #30 and denied urinalysis, EIA 9, Buprenorphine/Metabolites screen and Senokot #600. Prior peer review on 5/27/2014 approved Senokot #600; Suboxone 2mg/0.5mg strips #45 and urine drug screen. Prior peer review on 9/8/2014 approved Ketorolac 10mg #20 and modified Soma 350mg #30 to approve #15. Prior peer review on 10/03/2014 approved the requests for chemistry 19, CBC with diff and platelets, patient health questionnaire and neurosurgery consultation for the neck. The requested Soma 350mg, serum Carisoprodol, EIA9 with alcohol + rflx urine, Thyroid stimulating hormone (TSH), complete urinalysis, free testosterone, serum Alprazolam, and serum Buprenorphine were denied. According to the most recent progress report, the patient presents for back pain, rated moderate-severe, reported as worsening and located in the lower back and neck. Pain radiates to the right arm. He reports 10% reduction in pain with the cervical epidural. Pain is rated 8 without medications and 7 with medications. Physical examination reveals normal gait, limited cervical ROM, right arm held in protected position due to radicular neck/shoulder pain, normal neurological and psychiatric exam. Current medications are Cardizem ER, aspirin 81mg, Xanax, testosterone 2 injections q month, Zocor, Lisinopril, Senokot, Ketorolac 10mg, Suboxone 2mg/0.5 sublingual film, and Soma 350mg 3 times daily and at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to the guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. . Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The medical records do not provide a valid rationale for this medication. The chronic use of Soma is not appropriate and therefore medical necessity has not been established. The request is non-certified.

Serum Carisoprodol level test.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screen

Decision rationale: The CA MTUS and ODG, when there is clinical indication, recommends urine drug screening to assist in monitoring adherence to prescription drug treatment regimen (including controlled substances); to evaluate substance misuse or aberrant drug related behavior. However, Carisoprodol (Soma) is not recommended. There is no medical basis for a serum drug screen for this drug, which is not recommended within the guidelines. The request is non-certified.

EIA9 with Alcohol and rflx urine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: The CA MTUS and ODG recommend urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In the case of the patient, the medical records document the patient has undergone urine drug screens. The medical records do not document any aberrant or suspicions drug seeking behavior. There is no indication that the requested EIA9 with Alcohol and rflx urine is clinically indicated, and medically necessary. The request is non-certified.

Thyroid stimulating hormone (TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Thyroid-stimulating Hormone
<http://labtestsonline.org/understanding/analytes/tsh/tab/test>

Decision rationale: The CA MTUS ACOEM states, "Always exercise sound medical judgment and evaluate for potentially life threatening or other serious diseases that the history and physical examination may suggest, including ischemic cardiac disease, dysrhythmias, thyroid or other endocrine disorders, asthma, and depression. On the other hand, avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The TSH test is often the test of choice for evaluating thyroid function and/or symptoms of hyperthyroidism orhypothyroidism. The doctor may order a TSH test when someone has symptoms of hyperthyroidism or hypothyroidism and/or when a person has an enlarged thyroid gland. A thyroid panel is used to screen for or help diagnose hypo and hyperthyroidism. The TSH test is the preferred test to screen for thyroid disorders. The medical records do not document any subjective complaints, relevant medical history, or objective findings on examination that would raise concern for any thyroid disorders in this case. The medical necessity of TSH testing has not been established. The request is non-certified.

Complete Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>

Decision rationale: According to the referenced literature, urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. The references state urinalysis is useful as a screening and/or diagnostic tool as it can help detect substances or cellular material in the urine associated with different metabolic and kidney disorders. The medical records do not document

any current clinically relevant abnormal findings that corroborates patient complaints and medical history that would medically necessitate lab testing with complete urinalysis. The request is non-certified.

Free Testosterone level blood test.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation Testosterone
<http://labtestsonline.org/understanding/analytes/testosterone/tab/test>

Decision rationale: According to the CA MTUS guidelines, routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. The medical records do not establish the patient exhibits any signs or symptoms, such as gynecomastia, that support the request for testing. In addition, a prior review on 3/04/2014 approved free testosterone test. The medical records do not document any current subjective complaints or corroborative clinical examination findings that support the request. In addition, it is not documented how the results of this study is expected to impact or change this patient's course of care. There is no indication of medical necessity at this time. The request is non-certified.

Serum Buprenorphine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The CA MTUS and ODG, when there is clinical indication, recommends urine drug screening to assist in monitoring adherence to prescription drug treatment regimen (including controlled substances); to evaluate substance misuse or aberrant drug related behavior. However, the medical records document the patient has been authorized urine drug screens. The medical records do not document any aberrant or suspicions drug seeking behavior. There lacks a valid rationale for this serum drug tests. The request is non-certified.

Serum Alprazolam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, criteria for use

Decision rationale: The CA MTUS and ODG, when there is clinical indication, recommends urine drug screening to assist in monitoring adherence to prescription drug treatment regimen (including controlled substances); to evaluate substance misuse or aberrant drug related behavior. However, the medical records document the patient has been authorized urine drug screens. The medical records do not document any aberrant or suspicions drug seeking behavior. There lacks a valid rationale for this serum drug tests. The request is non-certified.