

Case Number:	CM14-0170883		
Date Assigned:	10/23/2014	Date of Injury:	07/29/1999
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 62 year old female with complaints of neck pain and upper extremity pain, low back pain, leg pain. The date of injury is 7/29/99 and the mechanism of injury is not elicited. At the time of request for the following: 1. Soma 350mg tid #90 x 3 refills 2. Norco 10/325 #90 x 3 refills 3. Final confirmation of the results of the urine drug test, there is subjective (neck, bilateral shoulder pain, bilateral arm pain, low back pain, leg pain) and objective (spasm of musculature cervical spine, restricted and painful range of motion cervical spine, diminished sensory C6 bilaterally) findings, imaging findings (no reports submitted), diagnoses (residuals s/p anterior cervical decompression and fusion, chronic and severe pain lumbosacral spine), and treatment to date (home exercise plan, medications, surgery). Per ODG and MTUS-Chronic Pain Medical Treatment Guidelines, Soma is not recommended. The medication is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed as deemed necessary including random testing ie monthly drug testing is not necessary and probably not sensitive. A medication agreement is highly recommended and should be on file. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by ODG is to initiate drug testing prior to prescribing opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one p.o. t.i.d. p.r.n. spasm #90 x 3 refills: 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 Muscle Relaxants Page(s): 64-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Carisoprodol(Soma)

Decision rationale: Per ODG and MTUS-Chronic Pain Medical Treatment Guidelines, Soma is not recommended. The medication is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use. Therefore, the request for continued use of soma is not medically necessary.

Norco 10/325mg one p.o. q. 4-6h p.r.n. for pain #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed as deemed necessary including random testing ie monthly drug testing is not necessary and probably not sensitive. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #90 x 3 refills is not medically necessary.

Final confirmation of the results of the urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Urine drug testing

Decision rationale: Per ODG Treatment Decisions, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by ODG is to initiate drug testing prior to prescribing opioids. In review of the progress notes, there is monthly urine drug testing which is not recommended. Rather, more discriminate testing is recommended including random drug testing as well as any suspicion of drug misuse or diversion. There is no mention of any issues with patient misuse of medications or history of substance abuse. Therefore, the request for urine toxicology screen is not medically necessary.