

<b>Case Number:</b>	CM14-0045333		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/19/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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 records presented for review indicate that this 68 year-old female was reportedly injured on March 19, 2014. The most recent progress note, dated July 21 2014, indicates that there are ongoing complaints of neck and back pain. The pain was described as being constant, throbbing and aching in nature. The pain is rated 8/10 without medication and 4/10 with medication on visual analogue scale (VAS). The pain is on radiating and increased with activity. The physical examination demonstrated a 5'9" 220 pound individual who is normotensive (129/86). There was tenderness palpation of the paraspinous musculature in the cervical region the spine, a decreased range of motion the cervical spine and multiple points of myofascial pain is noted throughout the cervical and thoracic regions. Diagnostic imaging studies objectified were not addressed in this or previous progress notes. Previous treatment includes multiple medications and chronic pain management. A request had been made for soma, a urine drug screen and an alcohol test and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 65.

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

**Decision rationale:** The MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Soma is a highly addictive muscle relaxant muscle relaxants are not typically beneficial in the chronic setting. Frequency of dosing is not specified in the request. Based on the clinical documentation provided, the clinician does not provide a rationale for deviation from the guidelines. Therefore, there is no clinical indication for the continued utilization or medical necessity of Soma 350mg #90 and the request is not medically recommended.

**Urine Drug Screen QTY:4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Page(s): 76-78.

**Decision rationale:** The CA MTUS notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs and monitor medication compliance. The ODG guidelines regarding frequency of testing states "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter". In this case, there is no documentation of aberrant behavior, or medication misuse or abuse or any other documentation indicating claimant is at anything other than minimal risk for medication misuse. Taking these factors in consideration, the medical necessity of urine drug screen QTY: 4 is not established and therefore, the request is not medically necessary.

**Alcohol Test QTY:4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The ODG guidelines state "Testing for ethanol use: In addition to detecting ethanol in urine following acute exposure, there is a test for more remote exposure, ethyl glucuronide (EtG). This metabolite can persist for up to 80 hours in the urine. Ethanol is found in many products, including some over-the-counter antitussives and many hand sanitizers, so a "false" positive test may occur without alcoholic beverage consumption. An approximate range to use as a "positive" for alcohol beverage use is greater than 1500 mg/mL. The test is not recommended to determine total abstinence." There is no documented history of alcohol misuse or abuse in this case, and the treating provider does not provide a rationale as to why the patient

would require alcohol testing times 4. Lacking documented history or indication for the need for alcohol testing, medical necessity is not established and Alcohol Test QTY: 4 are not medically necessary.