

Case Number:	CM14-0050918		
Date Assigned:	07/11/2014	Date of Injury:	03/15/1995
Decision Date:	08/27/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 03/15/1995. The mechanism of injury was not provided. On 03/13/2014, the injured worker presented with low back pain. The diagnoses were chronic sprain/strain of the lumbar spine with disc disease. Upon examination, there was tenderness noted over the lower lumbar with spasm and active range of motion values for the lumbar spine were 45 degrees of flexion, 20 degrees of extension, and 20 degrees of bilateral bending. Prior therapy included physical medicine, electro-acupuncture, and medications. A current medication list was not provided. The provider recommended a urine drug screen, Norco, Ultram, Soma, and Flector patches. The provider's rationale was not provided. The Request for Authorization Form was dated 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Urine drug screen is not medically necessary. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker has displayed any aberrant behaviors, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. There was lack of documentation as to when the last urine drug screen was performed. As such, the request is not medically necessary.

Norco 10/325 mg #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #100 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Ultram 50 mg #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50 mg #100 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Soma 350 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29-30.

Decision rationale: The request for Soma 350 mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines state that Soma is not recommended. The medication is not indicated for long term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. As such, the request is not medically necessary.

Flector patches 1/3% #24 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Flector patches 1/3% #24 with 3 refills is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis in the knee and elbow or other joints amenable to topical treatment. It is recommended for short term use, 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendation for NSAIDs. Additionally, there is a lack of evidence of a failed trial of antidepressants and anticonvulsants. The provider's request does not indicate the site that the cream is intended for or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.