

Case Number:	CM14-0054287		
Date Assigned:	07/07/2014	Date of Injury:	08/12/2006
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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:

This is a 42-year-old male patient with an 8/12/16 date of injury. He injured himself when he was involved in a scuffle with the customer and his right arm was bent in an unnatural angle. A progress report dated on 3/20/14 indicated that the patient complained of constant neck pain radiating to the right upper extremity with numbness and tingling, 10/10, constant right shoulder pain, 10/10, constant right elbow pain, 10/10, and constant right wrist/hand pain with numbness, 10/10. Objective findings revealed decreased range of motion over the cervical spine and right upper extremity. The patient had four drug urine screen tests on 7/16/13, 12/13/13 which were consistent for the prescribed medication and positive for marijuana, 1/15/14 was inconsistent with prescribed medication; positive for Carisoprodol which was not prescribed and false positive for antidepressants, and 2/10/14 was consistent with prescription and positive for Marijuana. He was diagnosed with Neck strain, Brachial neuritis and radiculitis, and status post right shoulder surgery (2010). Treatment to date: medication management. There is documentation of a previous 3/21/14 adverse determination. Urine drug screen test was not certified, based on the fact that the patient did not have any aberrant behavior since his last urine drug screen test dated on 7/23/13. Norco was modified from #60 to #45 to initiate slow weaning process. Soma was modified from #60 to #45 to initiate slow weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, the patient had four drug urine screen tests on 7/16/13, 12/13/13 which were consistent with prescribed medications and positive for marijuana, 1/15/14 was inconsistent with prescription; positive for Carisoprodol which was not prescribed and false positive for antidepressants, and 2/10/14 was consistent with prescription and positive for Marijuana. In addition, guidelines support urine drug screen test to assess for the use for or the presence of illegal drugs or assess for abuse. This patient has a long documentation of inconsistent behavior and the guidelines do support urine drug screens in this setting. Therefore, the request for One Drug Screen was medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with the pain in his neck radiating to the right upper extremity, 10/10. In addition, there was no evidence of pain relief or functional gains. In addition, the patient has several urine drug screens with inconsistent results, including marijuana. The guidelines do not support the use of opioids in the setting of misuse and aberrant behavior. In the previous utilization review Norco was modified from #60 to #45 initiate weaning process. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient presented with the pain in his neck radiating to the right upper extremity, 10/10. However, there was documentation supporting prescription of Soma since at least 12/13/13. In addition, urine drug screen test was inconsistent with Soma. Guidelines did not recommend long term use of Soma. In addition, Soma can augment or alter the effects of other opiates, which increase the risk of misuse and sedation. Therefore, the request for Soma 350mg #60 was not medically necessary.