

<b>Case Number:</b>	CM14-0056662		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 54-year-old male who reported an injury on 12/12/2002 due to repetitive lifting. The injured worker had a history of chronic lower back pain radiating to the lower extremities with a diagnosis of lumbar spondylosis. The MRI dated 04/03/2014 revealed moderate to severe foraminal stenosis at the L4-5, L5-S1. Per the clinical notes on 05/20/2014, the past treatment included 3 epidural steroid injections in 2010 and 12 physical therapy visits of unknown date. Per the objective findings dated 05/20/2014 of the lumbar spine revealed range of motion to flexion at 30 percent with right lateral bending, 15 degrees with left lateral bending, right lateral rotation 20 degrees and left lateral rotation and extension at 10 degrees. The clinical note dated 05/20/2014 also revealed increased pain with lumbar motion, tenderness to palpation at the right upper, mid and lower paravertebral muscles and the spinal muscles with a negative straight leg raise. The medication included Norco and Soma with no VAS scale given. The A request authorization for the drug test and for the request authorization for Soma on 07/09/2014 was submitted in documentation. No rationale for the drug test or the Soma was given within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 4/11/14: Urine drug screen x1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter Urine drug test.

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

**Decision rationale:** The request for retrospective 1 urine drug screen date of service: 04/11/2014 is not medically necessary. The California MTUS Guidelines recommend a drug screen as an option, using a drug screen to assess for the use or the presence of illegal drugs. The documentation did not provide evidence that the injured worker had a history of drug abuse or drug absence. As such, the request for retrospective 1 urine drug screen date of service: 04/11/2014 is not medically necessary.

**Soma 350mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Soma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, antispasmodics; Carisoprodol (Soma) Page(s): 63; 29.

**Decision rationale:** The request for Soma 350 mg is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain and should not be the primary drug of choice for muscle skeletal conditions. Muscle relaxants show no more benefit than non-steroidal anti-inflammatory drugs. CA MTUS does not recommend the use of Soma as it is not intended for long term use. Per the clinical note dated 3/20/2014 the injured worker reported that the Soma did not help. Per the recent clinical notes there was no evidence of spasms noted. In addition, the guidelines do not recommend Soma to be used for long term use. Per the clinical notes the injured worker was prescribed Soma on 3/20/2014 and again on 05/20/2014. The frequency or duration of the medication was not provided in the request as submitted. As such, the request for Soma is not medically necessary.