

<b>Case Number:</b>	CM14-0064351		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Illinois. 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 50-year-old female who reported an injury on 12/01/2009 due to an unknown mechanism. The injured worker's diagnosis was a herniated nucleus pulposus of the lumbar spine. The injured worker's past treatments were medication. No pertinent diagnostics were submitted for review. The injured worker had no surgical history submitted for review. The injured worker complained of increasing pain in her lower back region, rating the pain at 7/10 on the pain scale. She also complained her lower back pain symptoms had been exacerbated with lifting and carrying, with prolonged standing, walking, with the performance of some of her activities of daily living. Lumbosacral tenderness was noted. Tenderness was associated with muscle spasm and myofascial trigger points were noted over the bilateral lumbar paraspinal musculature. There was increased lower back pain reported with the extremes of flexion and extension about her lumbar spine. The treatment plan was to continue medications as needed. There was also a request for treatment for a urine drug screen, Anaprox 550 mg and Soma 350 mg, and continue home exercise program for weight loss. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with documentation submitted for review.

### 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 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary; Urine Drug Testing (UDT).

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

**Decision rationale:** The request for urine drug screen is not medically necessary. According California MTUS, drug testing is recommended as an option, using a drug screen to assess the use or the presence of illegal drugs. Urine drug screens can be used if the provider is taking steps to start a therapeutic trial of opioids or needs an ongoing management to assess compliance with medication, and to differentiate from dependence and addiction as well as screening for the risk of addictions and opioids, steps to avoid misuse or addiction. There is no documentation to suggest that the provider was ordering drug testing to assess the presence of illegal drugs or taking steps just before starting a therapeutic trial of opioids. In the absence of documentation of the above the request for a urine drug screen is not medically necessary.

**Anaprox 550mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The request for Anaprox 550 mg, #60 with 3 refills is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief of low back pain. Review of literature on drug relief for low back pain suggests that NSAIDs were no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs have more adverse side effects than placebo and Acetaminophen, but fewer side effects than muscle relaxants and narcotic analgesics. The injured worker was complaining of increasing pain to her lower back region and states that the pain is rated at a 7 on a scale of 0 to 10 pain scale. There was a lack of documentation within the medical records indicating the efficacy of medication as evidenced by significant functional improvement. In the absence of documentation on efficacy of the medication, the request is not supported by evidence based guidelines. Additionally, the request failed to include the frequency of the medication for the proposed request. As such, the request is not medically necessary.

**Soma 350mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary; Non-sedating muscle relaxants, Antispasticity Drugs, Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, and Carisoprodol Page(s): 63, 29.

**Decision rationale:** The request for Soma #90 with 3 refills is not medically necessary. According to California MTUS Carisoprodol is not recommended for long term use. Carisoprodol is commonly prescribed, centrally active skeletal muscle relaxants. Guidelines also indicate muscle relaxants for pain are recommended as non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants are effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefits beyond NSAIDs in overall pain improvement. The injured worker complains of increasing pain in her lower back region and has a pain rating of 7 on a scale of 0 to 10. Range of motion of the lumbar spine reveals that flexion is at 55 degrees, extension is at 10 degrees, lateral bending is at 25 degrees bilaterally. Increased lower back pain was reported on the extremes of flexion and extension about the lumbar spine. There was lack of documentation within the medical records indicating the efficacy of the requested medication as evidenced by significant functional improvement. In the absence of this documentation, the request is not supported by evidence based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request is not medically necessary.