

Case Number:	CM14-0099888		
Date Assigned:	07/28/2014	Date of Injury:	03/15/1995
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

This injured worker is a female with a date of injury of March 15, 1995. She complains of 4-5/10 to 7/10 back pain and has taken Norco, Ultram, Percocet, Naproxen, and Soma for pain. Her diagnosis is chronic lumbar spine sprain/strain with degenerative disc disease, and she is not currently working. Treating provider requests a drug screen and Soma, Ultram, and Norco for pain control.

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 Recommended as an option , using a urine drug screen to assess for the use or the presence of illegal drugs. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The injured worker has been assessed for medication compliance with drug screens previously performed on Aug 21, 2013, March 26, 2014, and June 10, 2014. Medical

Treatment Utilization Guidelines state that drug screens can be used to detect illegal substances, based on behavior that is not normal, adverse outcomes, and substance abuse disorders. The treating physician has not stated a reason for a request for urine drug screen nor has the case been made for the worker using illegal substances or having behavior that is not normal, at risk for adverse outcomes, or having substance abuse disorders. Therefore, medical necessity has not been established, and the Urine Drug Screen is not medically necessary.

Prospective usage of Soma 350mg, # 90, with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment guidelines note Carisoprodol is not recommended. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-non-sedating muscle relaxants with caution. Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Weaning, carisoprodol (Soma) Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma).

Decision rationale: Carisoprodol (Soma) is a centrally-acting muscle relaxant, a category which is recommended for short-term use of fewer than 2 weeks. It is not recommended for long-term use. It is only recommended for use after a trial of "Y" drugs per the Official Disability Guidelines. The injured worker has already been provided the window for weaning on March 26, 2014; therefore, it is not indicated, since there is no documentation of failed "Y" drugs. The request is therefore not medically necessary.

Prospective use of Ultram 50mg, # 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, specific drug list, page 91 Tramadol (Ultram), page 113 Page(s): 91, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, Tramadol Official Disability Guidelines (ODG), Pain, Opioids (specific drug list).

Decision rationale: Ultram is supported as opioid use for moderate to severe nociceptive (pain from nerve cells) chronic pain, with proof of measurable use through subjective or functional benefit, such as a decrease in pain level. The injured worker has 4-5/10 to 7/10 back pain and ongoing tenderness. Records show that generic Ultram has been partially certified for downward titration (laboratory procedure to determine unknown concentration of a substance) and complete discontinuation on review, either due to inefficacy or lack of documentation. A risk assessment profile, pain contract, or proven attempts at weaning are unavailable. In addition, the injured worker has been prescribed Ultram and Norco, which are both short-acting opioids. Medical documentation does not support this request. Therefore, the requested service is not medically necessary.

Prospective usage of Norco 10/325mg, # 100, with three 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, page 75 Opioids, specific drug list Page(s): 75, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Norco.

Decision rationale: It is noted that generic Norco caused swelling and difficulty swallowing in this worker. It is supported as opioid use for moderate to severe nociceptive (pain from nerve cells) chronic pain, with proof of measurable use through subjective or functional benefit, such as a decrease in pain level. The worker has 4-5/10 to 7/10 back pain and ongoing tenderness. Records show that generic Ultram has been partially certified for downward titration (laboratory procedure to determine unknown concentration of a substance) and complete discontinuation on review, either due to inefficacy or lack of documentation. A risk assessment profile, pain contract, or proven attempts at weaning are unavailable. In addition, the injured worker has been prescribed Ultram as well; these are both short-acting opioids. Medical documentation does not support this request because of lack of usefulness, lack of documentation, and repeating similar medications. Therefore, the requested Norco is not considered medically necessary.