

<b>Case Number:</b>	CM14-0159468		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/24/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2000. In a Utilization Review Report dated September 16, 2014, the claims administrator partially approved a request for Soma and denied a urine drug screen while conditionally denying various other prescriptions, including Norco, Duragesic, and AcipHex. The claims administrator referenced an RFA form received on September 3, 2014 and a progress note of August 1, 2014 in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant did receive urine drug testing. Confirmatory testing was performed on various agents, including Soma and meprobamate, a carisoprodol metabolite. Approximately 20 different opioid metabolites were also tested for. Confirmatory testing was apparently performed. In a handwritten prescription dated September 17, 2014, the applicant received refills of Duragesic, Norco, Soma and Xanax. In a handwritten prescription of April 31, 2014, the applicant, once again, received prescriptions for Duragesic, Norco, Soma, and Xanax. No clinical progress notes were attached. On November 14, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was having difficulty performing household chores. The applicant was using a cane to move about. The applicant was apparently considering an implantation of an intrathecal pain pump status post earlier failed lumbar spine surgery. Soma and Duragesic were endorsed. Urine drug testing was performed. The applicant's work status was not clearly detailed, although the applicant did not appear to be working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 URINE DRUG SCREEN:** 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 Drug testing Page(s): 43.

**Decision rationale:** No, the request for urine drug testing was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. ODG also notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, however, the attending provider did perform nonstandard drug testing on multiple opioid metabolites, despite the unfavorable ODG position on such testing. Confirmatory and quantitative testing was performed, once again, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

### **SOMA 350MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 65; 29.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than two to three weeks. Here, however, the applicant had seemingly been using carisoprodol or Soma for what appears to be a minimum of several months to several years. Such usage, however, is incompatible both with page 65 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, which advise against concurrent usage of Soma and opioid agents. Here, the applicant was/is using a variety of opioid agents, including fentanyl (Duragesic). Ongoing usage of carisoprodol (Soma), thus, is not indicated in the clinical context present here. Therefore, the request was not medically necessary.

