

Case Number:	CM14-0208401		
Date Assigned:	12/22/2014	Date of Injury:	09/16/2002
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old female who has a work injury dated 9/16/02. The diagnoses include chronic low back pain secondary to lumbosacral degenerative disc disease; chronic pain syndrome; depression; anxiety; opioid dependence; chronic knee pain. Under consideration is a request for a retrospective urine tox screen (DOS:7/29/14) and retrospective Soma 350mg #60 (DOS: 7/29/14). There is a 7/29/14 primary treating physician progress report that states that the patient returns for a re evaluation of her low back and right lower extremity pain. The patient feels that she is having increased low back and right leg pain lately. The patient reports numbness in her right lower extremity. She continues to take Soma, Norco, Kadian. She feels that the medications allow her to remain functional working part time. The patient reports that she tried Gabapentin and it made her dizzy. The pain is aching and numbness in her low back and right lower extremity. The pain is worse with standing, sitting, walking, bending lifting and lying down and better with alternating positions. The pain is a 9/10 on a VAS without medications and 7/10 with medications. The patient underwent a urine toxicology analysis on 7/1/14 and this tested consistent and positive for her prescribed opioids. The CURES report on 7/1/14 is consistent and the patient receives medication from one provider. The patient's opioid risk tool on 7/1/14 was low risk. An opioid contract was signed on 7/1/14. On exam she is in no acute distress. There is 5/5 bilateral lower extremity strength. Patellar DTR are 2+. Achilles DTR are 1+. The sensation is reduced in the lateral right lower extremity. There is no increased tone. Babinski are plantar bilaterally. Sciatic notches are pain free to palpation Patrick and Gaenslen sign are negative. There is tenderness over the lumbar paraspinals and pain with lumbar flexion and extension. There is a positive right straight leg raise. The gait is antalgic. The current medications are Norco 10mg /325mg one tablet po 5-6 times per day; Kadian 50mg once daily;

Soma 350mg once twice daily; Abilify and Cymbalta. The documentation states that the patient is having a low back flare up and right leg pain. A lumbar MRI will be ordered; a urine toxicology screen was performed and Norco, and Kadian were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine tox screen (DOS: 7/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Retrospective urine tox screen (DOS: 7/29/14) is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that the patient had a urine toxicology screen on 7/1/14 as well as a consistent CURES report, and an opioid risk tool on 7/1/14 that reported low risk. The request for a retrospective urine tox screen (DOS: 7/29/14) is not medically necessary based on these findings.

Retrospective Soma 350mg #60 (DOS: 7/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: Retrospective Soma 350mg #60 (DOS: 7/29/14) is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that

would warrant the continuation of this medication. The request for Soma is not medically necessary.