

Case Number:	CM14-0209823		
Date Assigned:	12/22/2014	Date of Injury:	06/26/2002
Decision Date:	02/18/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 50-year-old male with a date of injury of 06/26/2002. According to progress report dated 10/28/2014, the patient presents with chronic low back pain radiating to the lower extremity. The patient is currently utilizing Norco 10 mg 4 times daily, Soma 350 mg twice daily and Elavil 50 mg nightly. It is noted the patient's symptoms continue to interfere with his daily activities including bending, stooping, squatting, prolonged standing and walking. Examination revealed no signs of subluxation, patient is ambulating with an antalgic gait, spasm and tenderness are noted in the paravertebral muscles of the lumbar spine. There is decreased range of motion on flexion and extension. The listed diagnoses are:1. Lumbosacral radiculopathy.2. Lumbar spasm.3. Chronic lumbar pain. The patient is currently on a modified work restrictions. Treatment plan is for refill of medications for pain relief and maintaining function. Authorization for urine toxicology was made to evaluate medication compliance. The utilization review denied the request on 12/01/2014. The medical file provided for review includes progress reports dated 06/24/2014 and 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation Procedures for Transportation Workplace Drug and Alcohol Testing: <http://www.dot.gov/odap/part40>; The Medical Review Officer's Manual, Swotinsky and Smith, 4th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The MTUS page 77, under opiate management: (j) "consider the use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the Pain Chapter provides clear recommendation on how frequent urine drug screen should be obtained from various risks of opiate users. The ODG Guidelines recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The medical file provided for review includes 2 progress reports dated 06/24/2014 and 10/28/2014. There is no indication that the patient has had a urine drug screen in the past. The patient's current medication regimen includes Norco, and a urine drug screen to monitor for compliance is within ODG Guidelines. The requested urine toxicology screening is medically necessary.

Soma 350mg #45 / month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol (Soma), <http://www.odg-twc.com>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for Soma 350 mg #45/month. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain with overall improvement. Efficacy appears to diminish over time, and a prolonged use of some medications in this class may lead to dependence." In this case, the patient has been utilizing Soma as early as 06/24/2014. The MTUS specifically states for Soma, the maximum recommendation for usage is 2 to 3 weeks. The requested Soma 350 mg #45 is not medically necessary.

Norco 10mg (postdated 1 month) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for Norco 10 mg (postdated 1 month) #60. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since early as 06/24/2014. The medical file provided for review includes 2 progress reports dated 06/24/2014 and 10/28/2014. Both reports indicate that medications are refilled which are "providing him with some pain relief in maintaining function." It was noted the patient has no side effects to medications. In this case, recommendation for further use of Norco cannot be supported as there are no discussions regarding specific functional improvement, changes in ADL, or change in work status to show significant functional improvement. The treating physician has requested UDS on 10/28/2014, but there are no other discussion of possible aberrant behaviors and no discussions of CURES report or opiate contract. The treating physician has failed to document the minimum requirement of documentations that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary, and recommendation is for slow weaning per MTUS Guidelines.