

<b>Case Number:</b>	CM15-0008372		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 sustained an industrial injury on November 5, 2012. She has reported pain in the lower back traveling to her bilateral legs and has been diagnosed with discogenic back pain, rule out herniated nucleus pulposus, and lumbar spine 6-7 mm disc protrusion at L4-L5. Treatment to date has included rest, activity modification, heat, and Toradol injections. Currently the injured worker complains of constant lower back pain the travels to her bilateral legs. The treatment plan included laboratory testing, consultations, and pharmacological management. On December 23, 2014 Utilization Review non certified outpatient urine drug screen, pharmacy purchase of Soma 350 mg # 60, and transdermal cream 240 ml citing the MTUS and Official Disability Guidelines.

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014 Pain, Urine Drug Testing

**Decision rationale:** There is no documentation of drug seeking abnormal behavior. The patient is compliant and is taking medication as prescribed. The injury was in 2012 and the requested urine drug screen is not medically necessary.

**Soma 350mg number sixty (#60):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section

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

**Decision rationale:** Soma is a muscle relaxant. First, long term muscle relaxant treatment is not recommended. In addition, MTUS has noted specifically that Soma is not recommended treatment since it is metabolized to a controlled substance (Meprobamate) that has a high risk of addiction.

**Transdermal Cream 240ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 -113.

**Decision rationale:** MTUS notes that topical creams have very little experimental if any high level, peer reviewed, published evidence of efficacy. Also, if one of the ingredients of a compound medication is not recommended then the compound is not recommended. There is no objective documentation in this specific case that the use of the topical cream is effective treatment for this patient.