MAXIMUS Federal Services

Case Number:	CM15-0023923		
Date Assigned:	02/13/2015	Date of Injury:	04/09/1996
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 45 year old, female patient, who sustained an industrial injury on 04/09/1996. A follow up visit dated 01/06/2015 reported ongoing subjective complaint of pain to right lower extremity for which she does receive functional pain control with current medication regimen along with the IT pain pump. At the patients request she is weaning down on the oral Dilaudid, as the pain pump gets increased. The following diagnoses are applied; reflex sympathetic dystrophy; fibromyalgia; unspecified urinary incontinence; chronic pain and obesity. A request was made for Soma 350 MG medication and a urine toxicology screen. On 02/02/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain Opiods, screening and Carisoprodol, were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Per the 01/06/15 report the patient presents with pain to the right lower extremity. The current request is for URINE TOXICOLOGY SCREEN. The RFA included is dated 10/29/14. The patient is Temporarily Totally Disabled. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. ODG states, "Frequency of urine drug testing should be based on documented evidence or risk stratification including use of a testing instrument."The reports provided include Urine Toxicology reports with the following collection dates: 09/09/14, 10/08/14, 10/28/14, 12/03/14 and 01/06/15. The patient has been prescribed Dilaudid orally since at least 08/29/14. In this case, 3 to 4 tests per year may be appropriate for high risk opiate users; however, 5 in 5 months is too frequent for routine monitoring. No risk assessment is provided to support increased frequency of monitoring. The request IS NOT medically necessary.

Soma Tablets 350 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Muscle relaxants Page(s): 29, 63-66.

Decision rationale: Per the 01/06/15 report the patient presents with pain to the right lower extremity. The current request is for SOMA TABLETS 350 mg. The RFA included is not dated. The patient is Temporarily Totally Disabled. The MTUS, Soma, page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks.The reports provided show the patient has been prescribed this medication on a long-term basis from at least 08/29/14 to 01/12/15. Guidelines state this medication is not indicated for long term use and for no longer than 2-3 weeks. In this case, lacking recommendation by guidelines, the request IS NOT medically necessary.