

<b>Case Number:</b>	CM15-0044243		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Virginia  
 Certification(s)/Specialty: Neurology

### 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 63-year-old male, who sustained an industrial injury on November 1, 2007. He reported lumbar spine and right hip pain radiating into the right lower extremity. The injured worker was diagnosed as having a lumbar disk displacement without myelopathy. He is status post anterior/posterior spinal fusion at lumbar 4-lumbar 5 and lumbar 5-sacral 1 and history of lumbar spine infection. Treatment to date has included an MRI, work modifications, epidural steroid injection, postoperative physical therapy, a signed pain management agreement, urine drug screening, nursing home care, home exercises, and medications including pain, muscle relaxant, antibiotic, antidepressant, steroid, and non-steroidal anti-inflammatory. On November 20, 2014, the injured worker complains of progressively decreased low back pain while on long-term intravenous antibiotics for discitis treatment. The physical exam revealed a non-antalgic gait, able to heel and toe walk, a well-healed surgical scar of the low back, decreased soft tissue swelling, tenderness of the paraspinal and upper gluteal muscles, symmetrical deep tendon reflexes in the lower extremities, and no motor deficit. The treatment plan includes pain and muscle relaxant medications. A urine drug screen was performed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term clinical use according to the chronic pain medical treatment guidelines. Long-term efficacy of these medications is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, muscle relaxant treatments. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to the medication can occur over months. In the case of the injured worker, there is documentation of chronic back pain; right leg pain and a sleep disorder. There is no specific documentation of a chronic treatment plan in the medical records to monitor this chronic condition. There is no specific plan to monitor the efficacy of the treatment with these medications. Therefore, according to the guidelines, and a review of the evidence, a request for valium- 10 mg tabs, #60 tabs is not medically necessary.

**Soma 350mg quantity 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Muscle Relaxants Page(s): 65-66.

**Decision rationale:** Chronic pain medical treatment guidelines do not recommend the use of Soma (Carisoprodol) for treatment for longer than a 2-3 week period. Soma is metabolized to meprobamate which is an anxiolytic that is a schedule IV controlled substance. It is suggested that the main effect is due to generalized sedation as well as for treatment of anxiety. Withdrawal symptoms can occur with abrupt discontinuation of this medication. The injured worker is treated for chronic conditions of chronic back and leg pain due to lumbar disk disease without myelopathy and for diskitis. There is no documentation in the medical record that the patient is being prescribed this medication for short-term treatment. Therefore, according to the guidelines and a review of the evidence, a request for Soma- 350 mg tabs, #90 tabs is not medically necessary.

**Norco 10/325mg quantity 160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): 74, 93-94.

**Decision rationale:** Chronic pain medical treatment guidelines indicates that four domains have been proposed as the most appropriate for the ongoing clinical monitoring of chronic pain for patients using opioids. These domains are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the four A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should effect the therapeutic decisions and provide a framework for documentation of the clinical use of these controlled substances. In the case of the injured worker, there is documentation of chronic back and leg pain. There is no specific treatment plan to monitor the clinical efficacy of his use of the medications. There is no documentation of side effects or therapeutic response to the opioid medications. Therefore, according to the guidelines and a review of the evidence, a request for Norco- 10/325 mg. tabs. #160 tabs is not medically necessary.

**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, Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Urine drug screen Page(s): 43.

**Decision rationale:** Chronic pain medical treatment guidelines recommends urine drug testing as an option for the ongoing management of chronic opioid use. The injured worker has had treatment with chronic opioids for chronic back and leg pain due to lumbar disk disease without myelopathy. He has had several documented urine drug tests, which all have been negative without evidence of positive testing for opioids. The latest testing to reflect this was on 10 December 2014. There was no specific documentation of a clinical management plan in the medical records to monitor clinical response and effectiveness of opioid medication. Therefore, the request for chronic treatment with opioid medications was not found to be medically necessary. Therefore, according to the guidelines, and a review of the evidence, a request for a urine drug screen is not medically necessary.