

Case Number:	CM15-0055476		
Date Assigned:	03/30/2015	Date of Injury:	04/09/1996
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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 47-year-old female, who sustained an industrial injury on 4/9/96. The initial injury and complaints were not reviewed. The injured worker was diagnosed as having chronic pain; Reflex Sympathetic Dystrophy; Treatment to date has included chiropractic therapy; stratus post interthecal pump with Sufentanil (no date); status post spinal cord stimulator (no date); pump maintenance; drug screening for medical maintenance; medications. Currently, the PR-2 notes dated 2/3/15, the injured worker complains of ongoing right lower extremity pain. These notes indicate the injured worker wants to wean down on the oral Dilaudid and increase the interthecal pain pump medication. The provider is considering a spinal cord stimulator revision to check the positional leads. He has additionally requested a refill of the medications Soma 350mg #90 and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with ongoing pain to the right lower extremity, rated 9/10. The request is for Soma 350 MG. The RFA provided is dated 02/06/15 and the date of injury is 04/09/96. Per treater report dated 02/03/15, the patient has a diagnosis of chronic pain, reflex sympathetic dystrophy, fibromyalgia, obesity and urinary incontinence. The patient's medications include Soma, Dilaudid and Imitrex. The patient is temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Per provided medical reports, Soma has been prescribed to the patient at least since 09/11/14. The urine toxicology administered 01/06/15 was consistent with prescribed medications. MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with ongoing pain to the right lower extremity, rated 9/10. The request is for urine toxicology screen. The RFA provided is dated 02/06/15 and the date of injury is 04/09/96. Per treater report dated 02/03/15, the patient has a diagnosis of chronic pain, reflex sympathetic dystrophy, fibromyalgia, obesity and urinary incontinence. The patient's medications include Soma, Dilaudid and Imitrex. The patient is temporarily totally disabled. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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." Per 02/03/15 report, treater states, "A pain management agreement is on file. Unannounced urine drug screens are performed routinely. CURES database is reviewed routinely." The patient is currently utilizing Soma, Dilaudid and Imitrex. Prior urine drug screenings were performed per provided reports 10/09/14, 10/29/14, 12/03/14 and 01/06/15. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. For moderate risk, 3-4 UDS's are recommended, and for high risk as often as once per month. The request for urine toxicology screen is not medically necessary.