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| Case Number: | CM14-0142551 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/22/1999 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 66-year-old male who was injured on 5/22/99. The patient was seen by the current requesting provider on 1/30/14, he was given a 3 day supply of a compound cream. That report also stated that an additional 28 day supply of medications through the pharmacy was being prescribed. There was a 1/30/14 RFA (request for authorization) for Provigil 100 mg #30, soma 350 mg #30, Ativan 0.5 mg 1 tablet twice a day #60, Lyrica 75 mg #60, Restoril 30 mg #30. The report did not mention that any urine drug screen was ordered, but there was a urine drug screen ordered by this physician collected on 1/30/14 and reported 2/11/14 as negative. The urine drug screen indicated that the patient also was prescribed Ativan and Soma but these were negative. The patient was also apparently at the time taking temazepam (Restoril) which also was negative on the urine drug screen. There is another urine drug screen collected 3/14/14, indicated that the medications prescribed were Ativan and Soma, neither were detected. A PR-2 of 4/24/14 made no mention of the results of the previous urine drug screen. There was mention of prescription of the topical compound. The treatment plan said to continue Ativan, tramadol, flurbiprofen, Restoril, Provigil, Lyrica for fibromyalgia syndrome. There was an RFA of 4/24/14 requesting prescription of Provigil 100 mg #30, soma 350 mg #30, Ativan 0.5 mg 1 tablet twice a day #60, Lyrica 75 mg #60, Restoril 30 mg #30. There is another urine drug screen collected on 6/5/14 that listed medications prescribed as Ativan, soma and; this urine drug screen was again negative. The treatment plan was to continue Sonata, flurbiprofen, Lyrica, soma, tramadol, Ativan, Restoril, and Provigil. There is an RFA requesting soma 350 mg #60, Provigil 100 mg #30, Ativan 0.5 mg #60, Lyrica 75 mg #60 and Restoril #30 on 6/5/14 which again made no reference to the previous urine drug screen, again prescribed an additional 28 day supply of medications and gave the patient the topical cream. The subject of this review is a urine drug test collected 7/17/14 which again did

not detect any medications in the urine. The medications listed as being prescribed were Ativan (a benzodiazepine), Soma (also known as Carisoprodol) and tramadol. He was also getting restoril (a benzodiazepine) which should have been detected if it was actually being taken and it was not. Again, there were no drugs found in the urine. The laboratory report of 7/24/14 indicated that acetaminophen barbiturates, buprenorphine, cotinine, tricyclic antidepressants, ethanol, Fentanyl, meperidine, meprobamate, methadone, tapentadol and tramadol screened negative. Benzodiazepine screen was negative and confirmations were run on multiple benzodiazepines and metabolites and they were negative. There is a PR-2 of 7/70/14 that states that the medications are working and he is feeling a bit better. There were still complaints of total body pain, chronic fatigue and problems sleeping. Objective findings are no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities. The patient was given a compound cream medication and prescribed an additional 28 day supply of medications. Treatment plan was for the patient to continue tramadol, soma, Sonata, flurbiprofen, Lyrica, Provigil for fibromyalgia symptoms of muscle pain and fatigue. Diagnoses were myalgia and myositis and chronic depressive personality disorder. The patient was to remain off work until the next office visit. There was a request for authorization dated 7/17/14 requesting soma 350 mg #60, Provigil 100 mg #30, Ativan 0.5 mg #60, Lyrica 75 mg #60 and Restoril #30. There was no mention of prescribing tramadol. None of the PR-2's mentioned doing urine drug screening nor was there any explanation for why urine drug screening included non-narcotic medications such as tricyclic antidepressants, ethanol and cotinine. None of the reports mention the results of the previous urine drug screens. There was never any discussion with the patient as to why the urine drug screen was negative for medications that were being prescribed. There is no mention of any rationale for why this patient should be drug tested on every visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-80; 89.

Decision rationale: The MTUS Chronic Pain Guidelines recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screens have been used for any of the above indications. The only narcotic being prescribed is the Tramadol which is mentioned in the reports but there is never a request for authorization for it. It was negative in every urine drug screen done. Urine drug screens were all negative for the other non-opioid prescribed medications as well. There is no mention of any discussion with the patient regarding the negative urine drug screens for Ativan, Restoril, Soma and Tramadol but they were prescribed repeatedly. There is no documentation of abuse, addiction, or poor pain control. Therefore, the request is not medically necessary and appropriate.