

Case Number:	CM14-0210157		
Date Assigned:	12/23/2014	Date of Injury:	09/15/2011
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 15, 2011. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a urine drug screen, denied a [REDACTED] gym membership, partially approved Percocet, and denied Soma outright. The claims administrator noted that the applicant had a history of earlier lumbar spine surgery performed on October 31, 2014. The claims administrator referenced a November 12, 2014 progress note in its determination. The claims administrator stated that the request for Percocet represented a weaning or tapering supply of the same and/or a conditional approval for postoperative use purposes. The claims administrator's report was some 10 pages long and extremely difficult to follow. The applicant's attorney subsequently appealed. On said November 12, 2014 progress note, the applicant reported that current use of Norco at a rate of eight tablets daily was providing insufficient analgesia. 9/10 low back pain was reported. The applicant was having muscle spasms for which he was employing Soma four times daily. The applicant was still smoking 21-30 cigarettes a day, it was stated, despite the fact that he is only five days removed from the date of surgery. Percocet was endorsed. The applicant was apparently asked to continue Soma at a rate of thrice daily. A six-month gym membership was sought so as the applicant could perform his own postoperative rehabilitation. The attending provider stated that the applicant had already been trained on how to perform exercises following his first lumbar spine surgery. The attending provider suggested that the applicant was capable of and/or had been instructed on how to perform postoperative rehabilitating exercises which could best be

performed in the gym setting, at the [REDACTED], as opposed to at home. An earlier note of November 24, 2013 was notable for comments that the applicant was off of work, on total temporary disability at that point in time. On October 31, 2014, the applicant did receive an L3-L4 medial facetectomy and microdiscectomy procedure to ameliorate preoperative diagnosis of herniated left L3 intervertebral disk.

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 Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, and eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context. Here, the attending provider did not clearly state when the applicant was last tested. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Membership to Santa Barbara [REDACTED] 6 months, for low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the MTUS does not specifically address the topic of a [REDACTED] membership, the postsurgical treatment guidelines in MTUS 9792.23.c.5 notes that postsurgical treatment is provided to applicants to facilitate postsurgical functional improvement. The MTUS Postsurgical Treatment Guidelines Low Back section goes on to recommend a general course of 16 visits over a postsurgical physical medicine treatment period of six months following a discectomy-laminectomy surgery, as transpired here. Here, the applicant had apparently undergone lumbar spine surgery a week prior to the date of the request, November 1, 2014, on

October 31, 2014. The attending provider stated that this represented the applicant's second lumbar spine surgery. The attending provider stated that the applicant had been formally instructed on how to rehabilitate himself following the first surgery and felt that he could independently perform home exercise provided that he could independently rehabilitate himself, provided he were furnished access to a facility which afforded him the ability to employ equipment on an as-needed basis for strengthening purposes postoperatively. The six-month [REDACTED] membership at issue, thus, was indicated to facilitate postsurgical functional improvement, and could have served as an effective proxy for formal postoperative physical therapy. Therefore, the request was medically necessary.

Retro request for Soma 350 mg #45 with a dos of 11/05/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 29 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that carisoprodol (Soma) is not recommended, not indicated for long-term use, and not advised in conjunction with opioid agents, page 29 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that a weaning and/or tapering schedule of carisoprodol should be individualized for each applicant. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines notes that withdrawal syndrome which includes insomnia, vomiting, tremors, anxiety, ataxia, etc., has been documented when discontinuation of carisoprodol occurs in applicants who are using large doses. Here, the applicant was using carisoprodol at a rate of four tablets daily on or around the November 12, 2014 office visit at issue. The applicant was only six days removed from the date of an earlier lumbar spine surgery, on October 31, 2014, as of the date Soma (carisoprodol) was described, on November 12, 2014. Continued usage of Soma for postoperative use purposes was a more appropriate option than discontinuing the same and/or altering the applicant's profile so soon removed from the date of surgery, given the significant risk of withdrawal symptoms, as noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.