

<b>Case Number:</b>	CM15-0004251		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Texas, New York, 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 55-year-old who has filed a claim for chronic knee, neck, shoulder, and foot pain reportedly associated with an industrial injury of January 29, 2003. In a Utilization Review report dated December 22, 2014, the claims administrator failed to approve requests for Soma, Norflex, Genicin (glucosamine), and a urine drug screen. The claims administrator referenced a RFA form received on December 15, 2014 and associated progress note of December 4, 2014 in its determination. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported multifocal complaints of low back, knee, and shoulder pain. The applicant exhibited a visible limp, it was stated. Soma, Norco, Norflex, Prilosec, Genicin, and Ambien were renewed while the applicant was placed off of work, on total temporary disability. 8-9/10 pain complaints were noted. The applicant was asked to follow up in a month. The applicant's pain complaints were described as heightened. No discussion of medication efficacy transpired. On October 2, 2014, the applicant reported multifocal complaints of neck, knee, and low back pain. The applicant was asked to pursue a TENS unit. 8-9/10 pain complaints were noted. Once again, the applicant was described as having heightened pain complaints. Once again, the applicant was placed off of work, on total temporary disability, while Norco, Soma, Norflex, Prilosec, Genicin, and Ambien were renewed and/or continued.

### 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.

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

**Decision rationale:** No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent and had seemingly been using Soma (carisoprodol) for what appeared to have been a minimum of several months. Such usage, however, was incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Norflex 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Muscle relaxants (for pain) Page(s): 7; 63.

**Decision rationale:** Similarly, the request for Norflex, a second muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not clearly establish or set forth a rationale or role for usage of two separate muscle relaxants, Soma and Norflex. The 90-tablet supply of Norflex at issue, furthermore, represents treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that muscle relaxants should be employed for short-term use purposes, as a second-line option in the treatment of acute exacerbations of chronic low back pain. Therefore, the request was not medically necessary.

**Genicin 500mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Conversely, the request for Genicin (glucosamine) was medically necessary, medically appropriate, and indicated here. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine (Genicin) is indicated as an option in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis. Here, the attending provider's progress note of October 2, 2014 did allude to the applicant's having issues with right knee arthropathy. MRI imaging of the knee dated February 20, 2010 was notable for chondromalacia patella, postsurgical changes about the meniscus, degenerative changes, etc. Usage of Genicin (glucosamine) was, thus, indicated in the treatment of the applicant's knee arthritis, given its low risk, as suggested on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine drug testing was not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to categorize an applicant into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing. It was not clearly stated when the applicant was last tested. The attending provider did not clearly outline the applicant's complete medication list. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.