

<b>Case Number:</b>	CM15-0125029		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on 03/26/2004. According to a Qualified Medical Evaluation dated 08/04/2005, the injured worker reported injury to the lumbar spine. The date of injury was noted as 03/19/2004. Treatment to date has included medications, physical therapy and land and pool therapy. According to an orthopedic re-evaluation report dated 05/07/2015, the injured had ongoing complaints of low back pain with occasional radiation to his legs. He had been working intermittently. He indicated that with the adjunct of the medication, his symptoms were manageable and his pain reduced from 8 out of 10 to 2-3 out of 10. Objective findings included slight tenderness in the lower lumbar paravertebral musculature. Forward flexion was to 65 degrees, extension to 10 degrees and lateral bending to 30 degrees. Sitting straight leg raise was negative bilaterally. Strength in the lower extremities was globally intact. There were no neurologic deficits appreciated. Diagnoses included mechanical low back pain and lumbar myofascial pain. The treatment plan included Ultram 50 mg 1 tab twice a day #60 with 2 refills and Soma 350 mg 1 every bedtime # 30 with 2 refills. A risk assessment and opiate contract were reviewed and signed by the injured worker. A referral was provided to undergo urine drug toxicology screening. The provider noted that this would be repeated every three months. Currently under review is the request for 1 prescription of Ultram 50 mg, #60 with 2 refills, 1 prescription of Soma 350 mg, #30 with 2 refills and 1 urine drug screen. Documentation submitted for review included 2 progress reports dated 09/25/2014 and 05/07/2015 and a Qualified Medical Evaluation report dated 08/04/2005. All three reports note the use of Soma and Ultram. No urine toxicology screens were provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **(1) Prescription of Ultram 50mg, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids Page(s): 9, 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Urine drug screens were not submitted for review. The medical necessity for this request was not established. The requested treatment is not medically necessary.

### **(1) Prescription of Soma 350mg, #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants, Carisoprodol Page(s): 9, 63-65.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a scheduled IV control substance.

Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this case, records do not indicate an acute exacerbation of pain. Soma is not recommended for longer than 2 to 3 weeks. Records are not clear as to how long the injured worker had been utilizing Soma. A prescription was given for a 30 day supply with 2 refills, which exceeds recommended guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The medical necessity of the requested treatment was not established. The requested treatment is not medically necessary.

### **1 Urine drug screen:** Overturned

**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, Ongoing management of opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Testing.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. MTUS guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. Official Disability Guidelines state that urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment setting (i.e. when opioids are required for nociceptive pain). It is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic substitution. Urine drug testing is recommended if the patient has a positive or "at risk" addiction screen on evaluation and if aberrant behavior or misuse is suspected and/or detected. For ongoing-monitoring urine drug testing is recommended if a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. If dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. In this case, the treating physician requested a urine drug screen and noted subsequent testing would be performed every three months. It is unclear when the last urine drug testing was performed. There are no previous urine drug screens included in the documentation. The IW has been on controlled substances for a number of months. Guidelines recommend periodic, random drug test as part of compliance and detection of aberrant behavior. As there are no evidence of previous drug testing and ongoing use of controlled substances, the medical necessity of the urine drug screen is established. The requested treatment is medically necessary.