

<b>Case Number:</b>	CM13-0001131		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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:

This patient is a 57 year old male employee with date of injury of 8/22/2000. A review of his progress note by [REDACTED] dated 6/17/2013 identifies ongoing treatment for failed back surgery syndrome, myoligamentous sprain, status post decompression and fusion, and status post removal of hardware. Objective findings include positive straight leg raise bilaterally, decreased light touch and weakness. Subjective complaints include "neck pain rated as 7/10" and numbness, tingling and weakness. Treatment plan at the time recommended permanent spinal cord stimulator with thoracic laminectomy. A urine drug screening was performed on 6/19/2013. The utilization review determination was rendered on 7/3/2012 recommending non-certification of quantitative drug screening, creatinine, spectrophotometry and pH body fluid completed on 6/19/2013

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 quantitative drug screen on 6/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toxicology screens, and University of Michigan Health System Guide.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

**Decision rationale:** MTUS states "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There was some documentation provided to suggest possible issues of misuse by PR-2 note on 4/3/2013 of [REDACTED] stating "Overall the patient's urinary drug screen is consistent with his medication, except for oxycodone . . .". However, PR-2 and progress notes on subsequent evaluations on or around 5/8/2013, 6/17/2013, and 6/19/2013 by himself and multiple medical providers do not support the ongoing confirmation of medication misuse or other concerns that would warrant quantitative drug screen. As such, the current request for quantitative drug screen on 6/19/2013 is not medically necessary.

**Retrospective request for 1 creatinine on 6/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toxicology screens, and University of Michigan Health System Guide.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Ziconotide Page(s): 43, 74-96, 126.

**Decision rationale:** The creatinine appears to be linked with the urine drug screening on or around 6/19/2013, which was determined to be not medically necessary. Creatinine can be used as a marker to monitor kidney function. MTUS does recommend use of creatinine for monitoring side effects from certain opioids, mainly Ziconotide, which the patient does not appear to be taking. There is no documented evidence in the available medical records to support the necessity of obtaining creatinine levels. As such, the current request for creatinine on 6/19/2013 is not medically necessary.

**retrospective request for 1 spectrophotometry on 6/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toxicology screens, and University of Michigan Health System Guide.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

**Decision rationale:** The spectrophotometry appears to be linked with the urine drug screening on or around 6/19/2013. Spectrophotometry is utilized in conjunction with the urine drug screening, which was determined to be not medically necessary. As such, the current request for spectrophotometry on 6/19/2013 is not medically necessary.

**retrospective request for 1 pH body fluid on 6/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Toxicology screens, and University of Michigan Health System Gui.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

**Decision rationale:** The pH body fluid also appears to be linked with the urine drug screening on or around 6/19/2013. pH body fluid is utilized in conjunction with the urine drug screening, which was determined to be not medically necessary. As such, the current request for pH body fluid on 6/19/2013 is not medically necessary.