

<b>Case Number:</b>	CM13-0040708		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/26/1988
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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:

The patient is a 62-year-old male who reported an injury on 08/26/1998. The mechanism of injury was stated to be that the patient was picking up a 50 pound box. The patient was noted to have a CBC on 11/29/2012 that was within normal limits, and the patient was noted to have a left SI joint injection on 07/11/2013 which provided 60% relief for 6 weeks, including an improvement in the patient's activity level, as the patient was noted to be able to sit, stand, and walk longer following the injection. It was noted that the patient was awaiting authorization for a hip surgery. The patient's pain was noted to be an 8/10 to 9/10 as of 09/26/2013. The patient was noted to have tenderness to palpation over the posterior superior iliac spine (PSIS), a positive Faber's, and a positive Gaenslen's. The patient's diagnoses were noted to include sacroiliitis and a history of substance abuse. The treatment was noted to include a repeat diagnostic SI joint injection, a urine drug screen, and a complete blood count.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated that the patient had a history of issues of drug abuse. However, there was a lack of documentation of screening for the medications were noted to decrease his pain which would support the patient was receiving good pain control with the medications and as such, the request for a urine drug screen is not medically necessary.

**Lab CBC:** Upheld

**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 NSAIDS Page(s): 70.

**Decision rationale:** The California MTUS indicates that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and a chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient was noted to have a normal CBC in 11/2012. There was a lack of documentation indicating the necessity for a repeat exam as the previous one was normal. Given the above, the request for a lab CBC is not medically necessary.