

<b>Case Number:</b>	CM14-0065093		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 injured worker is a 48-year-old male with a 7/6/99 date of injury. He hurt his back due to an industrial injury involving the lumbar spine. According to a 5/29/14 progress report, the patient stated his pain was a 6-9 on a pain scale of 0-10. The pain was characterized as sharp, dull, throbbing, burning, aching, and pins and needles. Pain was increased by walking, bending, and standing. The pain was decreased by lying down, medication, and sitting. Objective findings: pain with palpation of the spinous processes of the lumbar spine, decreased range of motion of the lumbar spine in all parameters, multiple points of myofascial pain to palpation in the lumbar region of the patient's back. Diagnostic impression: lumbar post-laminectomy syndrome, lumbar radiculopathy, myofascial pain with muscle spasms, chronic pain syndrome, insomnia associated with chronic pain. Treatment to date: medication management, activity modification, lumbar spine surgery x 6. A UR decision dated 4/17/14 modified the request for urine drug screening quarterly from 4 tests per year to 1 test per year and denied the request for alcohol test quarterly. Regarding urine drug screen, the clinical reports do not indicate that the patient is at high risk for non-compliance and/or the record demonstrate prior abnormal urine drug testing. Without clinical indications for high risk for misuse, abuse or addiction, the literature does not demonstrate this frequent of urine drug testing improves clinical outcome. Regarding alcohol test quarterly, there is no clinical information given that this patient is at risk for misuse or abuse of alcohol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screening quarterly QTY: 4.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no documentation that identifies this patient as a "high risk" patient or displays any aberrant behavior. His most recent urine drug screen result, dated 4/29/14, was consistent. Patients utilizing chronic opioid medications require periodic monitoring for compliance and functional improvement. Therefore, the request for 4 urine drug screens is excessive. A prior UR decision dated 4/17/14 modified this request to certify 1 urine drug screen. Therefore, the request for Urine drug screening quarterly QTY: 4.00 were not medically necessary.

**Alcohol test quarterly QTY: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse and addiction Page(s): 84. Decision based on Non-MTUS Citation Title:: Diagnostic tests of alcohol consumption <http://www.ncbi.nlm.nih.gov/pubmed/12420351>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/12420351> 'Diagnostic tests of alcohol consumption'.

**Decision rationale:** A journal article titled "Diagnostic tests of alcohol consumption" states that alcoholism is one of the most frequent dependences. In the cases of excessive alcohol consumption laboratory tests become abnormal and, therefore, may have ability to detect alcohol-dependent subjects. We present the biological markers for recent alcohol intake such as ethanol, methanol and 5-hydroxytryptophol and the most obvious and specific tests for chronic alcohol consumption including gamma-glutamyl transferase, aspartate and alanine aminotransferase, carbohydrate-deficient transferrin, macrocytosis, beta-hexosaminidase and erythrocytic aldehyde dehydrogenase. According to the progress reports reviewed, the patient denies any alcohol use. There was no rationale provided as to why the provider feels the patient requires alcohol testing. Therefore, the request for Alcohol tests quarterly QTY: 4 were not medically necessary.