

<b>Case Number:</b>	CM15-0138542		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 42-year-old man sustained an industrial injury on 12/12/2002. The mechanism of injury is not detailed. Diagnoses include lumbar degenerative disc disease and lumbar myofascial pain. Treatment has included oral medications. Physician notes on a PR-2 dated 5/19/2015 show complaints of neck pain rated 7-8/10. Recommendations include continue current medications regimen, continue home exercise program, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective outpatient GC/MS (25 units), ethyl alcohol, creatinine, urine drug test (DOS 03/04/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine screen, NSAIDS, opioids Page(s): 67, 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. In addition, the claimant was on opioids and possibly weight loss therapy or intervention (not specified) without indication of abuse, side effects or specificity of medications. The guidelines recommend evaluating renal function, drug abuse, and labs when there is concern or a history of liver or kidney disease. Moreover, there was no justification provided for gas or mass spectrometry. Based on the above references and clinical history, the above screens are not justified and are not medically necessary.