

<b>Case Number:</b>	CM15-0024973		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/25/1997
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Internal 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 (IW) is a 50 year old female who sustained an industrial injury on 08/25/1997. She reported low back pain and bilateral leg pain. The injured worker was diagnosed as having lumbago, degeneration of lumbar disk, pain in limb, lumbosacral radiculitis. Treatment to date has included the medications Hydrocodone/APAP 10/325 one four times daily, Lidoderm patches 5% not used daily, Methadone 10 mg four tablets three times daily, Premarin, and Zanaflex 4 mg 1-2 tablets at bedtime. Currently, the injured worker complains of low back pain and bilateral leg pain of which she takes the preceding medications. The treatment plan is to continue all medications currently prescribed, and seek authorization for serum toxicology screening with follow up in one month. The request is for serum toxicology testing every 3 months for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Serum toxicology testing every 3 months for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine drug testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no specific documentation of noncompliance, abuse or illicit drug use necessitating urine drug testing every 3 months. The claimant is maintained on chronic opiate therapy with Methadone and Hydrocodone but per risk, stratification is low risk. Medical necessity for the requested item is not established. The requested item is not medically necessary.