

<b>Case Number:</b>	CM15-0041621		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/28/1984
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 Jersey, New York  
 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:

The injured worker was a 64-year-old male, who sustained an industrial injury, November 28, 1984. The injury was sustained from jumping off a tail-gait of a truck after loading an electric motor and landed on the cement floor on his feet. The injured worker stated the back felt like a rubber band snapping across the back. The pain waxed and waned through the years. The injured worker previously received the following treatments Methadone, transdermal fentanyl, L5-S1 posterior lumbar interbody fusion on January 14, 2009 had postoperative discitis and osteomyelitis. The injured worker was diagnosed with post-laminectomy syndrome cervical, post-laminectomy syndrome lumbar and pelvis osteoarthritis. According to progress note of January 26, 2015, the injured workers chief complaint was neck and lower back pain. The injured worker described the pain as aching, burning, pins and needles, throbbing, deep, numb, shooting and tingling. Escalating activities of daily living aggravated the pain and reducing activities of daily living improve symptoms. The injured worker was being seen for pharmacological re-evaluation. The injured worker was doing well on current daily dose of methadone and declined any adverse effects. The treatment plan included toxicology testing as part of the pharmacological evaluation and compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Serum drug screen (4 times a year): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

**Decision rationale:** The request for a serum drug screen is considered not medically necessary. His medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Serum drug screen is not routinely used and there is no documented rationale as to why it is required over a urine drug screen. Therefore, this request is considered not medically necessary.