

Case Number:	CM15-0060269		
Date Assigned:	04/06/2015	Date of Injury:	10/22/1987
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 58 year old male sustained an industrial injury on 10/22/87. He subsequently reported low back pain. Diagnoses include post-laminectomy syndrome, lumbar stenosis and lumbosacral spondylosis. Treatments include surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to his hips. A request for Unknown serum drug screen x4 a year was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown serum drug screen x4 a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. The patient's 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. There are no guidelines for the use of serum drug screens and there is no rationale as to why serum is preferred over urine. Therefore, this request is considered not medically necessary.