

<b>Case Number:</b>	CM15-0088846		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/12/1996
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old man sustained an industrial injury on 11/12/1996. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, lumbar disc disorder, low back pain, and cervical pain. Treatment has included oral medications. Physician notes dated 3/25/2015 show complaints of upper and lower back pain rated 4-5/10 which is described as unchanged. The worker states his pain is rated 6-7/10 without medications and 3-4 with medications. Recommendations include Morphine Sulfate ER, follow up with primary care physician, consultation with ears, nose and throat physician, and random toxicology screening and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Toxicology Screening x 1, Blood Drawn on 3/25/15:** Overturned

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

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

**Decision rationale:** The patient presents with upper and lower back pain rated 4-5/10 which is described as unchanged. The current request is for random Toxicology Screening x 1, Blood Drawn on 3/25/15. The treating physician states, in a report dated 03/25/15, "Random toxicology screening performed at visit today; blood was drawn and sample was sent out for results". (13B) The MTUS guidelines state, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs". In this case, review of the available medical records show that urine toxicology was performed on 07/30/14. While this patient has not been identified as an at risk patient for abuse the MTUS guidelines support random urine toxicology screens and the treater in this case feels that screening at a 8 month interval is medically necessary because of the patient's on-going use of Morphine Sulfate. The current request is medically necessary.