

<b>Case Number:</b>	CM14-0121779		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/20/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 66 year-old female. The patient's date of injury is 9/20/2002. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with spinal enthesopathy, myofascial pain, chronic pain syndrome, and lumbosacral spondylosis. The patient's treatments have included imaging studies, and medications. The physical exam findings dated 2/18/2014 show the patient seated comfortably, with no signs of sedation or withdrawal. The musculoskeletal exam states gait steady with no bony or joint abnormalities. Neurologically the patient is alert and oriented and follows commands. Psychologically the patient is pleasant, cooperative and speech is regular and clear. On the note, dated 2/18/2014 it stated the patient denies alcohol use. Patient is not an alcoholic. The patient's medications have included, but are not limited to, Savella, Topamax, Imetrix, Klonopin, and Flexeril. The request is for Alcohol testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alcohol Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/mental-health/addiction/blood-alcohol>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com, Screening for unhealthy use of alcohol and other drugs

**Decision rationale:** MTUS treatment guidelines are silent concerning the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Alcohol testing. The clinical records lack documentation that there is concern for intoxication or the patient has a history with dependency to alcohol/alcoholism. On the note, dated 2/18/2014 it stated the patient denies alcohol use. Patient is not an alcoholic. According to the clinical documentation provided and current guidelines, Alcohol testing is not indicated as a medical necessity to the patient at this time.