

<b>Case Number:</b>	CM14-0122259		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 California. 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 56 year-old male who was injured at work on 10/26/2010. The injury was primarily to his lower back. He is requesting review of denial for Alcohol Testing. Medical records corroborate ongoing care for his injuries. The patient has chronic pain in his lower lumbosacral spine. His diagnoses include the following: Post Laminectomy Syndrome/Lumbar Spine; and Lumbar Spondylosis. Treatment has included the aforementioned L4-5 Laminectomy/Facetectomy and a number of different medications (Tramadol, Robaxin, Ativan, and Cymbalta. The patient has had urine drug tests which have been repeatedly negative. Documentation indicates no signs of aberrant behavior. When queried about alcohol use, the patient denied drinking alcohol and has no prior history of alcohol abuse.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43; 87-91.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that he is at high-risk for addiction. His urine drug screens have supported the use of his opioid medications and have been repeatedly negative for the presence of alcohol. The patient has been queried and denies use of alcohol. While there is no documentation of a CAGE Questionnaire, there are no indicators in the records to suggest possible misuse of controlled substances and/or addiction (pages 87-88). In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen for alcohol. This test is not considered as medically necessary.