

<b>Case Number:</b>	CM14-0127614		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/26/1999
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 06/26/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbosacral spondylosis; post laminectomy, lumbalgia, unspecified thoracic/lumbar; opioid type depression; and disorders of the sacrum. There was no indication of past medical treatment submitted for review. His current medications included methadone, Soma, Norco, and Topamax. On 04/22/2014, the injured worker complained of low back pain. It was noted on the physical examination that the injured worker had a pain rate of 5/10. It was also noted on physical examination that the injured worker had decreased range of motion in all planes and was positive for tenderness to palpation of the lumbar paraspinal area. The medical treatment plan was for the injured worker to undergo alcohol testing. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alcohol Testing QTY: 3 as an outpatient for the low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for alcohol testing quantity 3 is not medically necessary. The California MTUS Guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are 1 of the steps used to take before a therapeutic trial of opioids and as ongoing management of opioids. They are also used to differentiate dependence and addiction. According to LabTestsOnline.org, there are no definitive laboratory tests that can be used to identify alcoholism. According to the Substance Abuse and Mental Health Administration, the test for alcoholism includes Gamma Glutamyl Transferase (GGT), a liver enzyme that is increased by heavy alcohol intake and also by many other conditions that affect the liver; mean corpuscular volume (MCV), which means the size of red blood cells (usually measured as part of a complete blood cell count test) the MCV may increase over time in those who are heavy drinkers, but may also be affected by many other conditions; aspartate aminotransferase (AST) and alanine aminotransferases (ALT), enzymes that can indicate liver damage, which are often related to alcohol use and comprehensive metabolic panel or liver panel, groups of these tests are used to evaluate organ and liver function. There was no indication in the submitted reports that the injured worker had any signs of illicit or aberrant drug taking behaviors. Furthermore, it was noted in the submitted report that the injured worker denied alcohol use and was not an alcohol drinker. The provider also failed to submit a rationale to warrant the medical necessity of an alcohol test. Furthermore, the submitted request did not specify whether the alcohol test was a blood or urine test. As such, the request is not medically necessary.