

<b>Case Number:</b>	CM14-0094773		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old male with a 7/12/08 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/26/14, the patient presented with complaints of pain in the spine rated at 6.5/10 on the subjective pain scale that was constant, achy and radiated down the right leg. He complained of weakness in his lower extremities and having to walk with a cane because he feels unstable. Objective findings: positive stoop test, positive toe/heel walk, and an antalgic gait. Diagnostic impression: severe L4-L5 spinal stenosis, chronic T12 compression fracture, lumbar spine degenerative disc disease, status post partial lumbar spine laminectomies, sexual dysfunction, and insomnia Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 6/11/14 denied the requests for urine drug screen and blood work. Regarding urine drug screen, the opioid medications had been non-certified. A prior UR review had recommended weaning of Tramadol. Regarding blood work, the provider stated that the request had already been approved on 4/16/14. At this time, the provider does not seem to be asking for additional bloodwork.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. According to the UR decision dated 6/11/14, a prior UR decision had modified a request for Tramadol for weaning purposes. The patient is not noted to be on any other opioid medications. Urine drug screens are not necessary for patients not currently using opioid or benzodiazepine medications. Therefore, the request for 1 Urine Drug Screen was not medically necessary.

**1 BLOOD WORK:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

**Decision rationale:** The California MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. There was no documentation in the records reviewed addressing why the provider is requesting blood work at this time. In addition, the request does not specify what type of blood work is being requested. Therefore, the request for 1 Blood Work was not medically necessary.