

Case Number:	CM15-0110840		
Date Assigned:	06/17/2015	Date of Injury:	04/20/2006
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old male who sustained an industrial injury on 4/20/06. The injured worker was diagnosed as having post-laminectomy syndrome; lumbar, displacement of lumbar disk, lumbar stenosis, lumbosacral radiculitis, pain in limb and ilioinguinal neuralgia. Currently, the injured worker was with complaints of discomfort in the lower back and right groin. Previous treatments included medication management, right inguinal nerve block and status post back surgery (2009). The injured workers pain level was noted as 7/10. Physical examination was notable for right groin slightly tender and tenderness and hypertonicity noted in the paravertebral muscles of the lumbar spine. The plan of care was for outpatient serum drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient serum drug test 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

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

Decision rationale: According to MTUS, routine urine drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction". According to my review of the records, routine drug screening 4 times a year or more are indicated as needed. However, the routine method of conducting standard drug testing is urine testing. The provider did not provide rationale for requesting blood and not urine, drug testing. Consequently serum testing is not clinically or medically necessary and can be done with urine testing.