

<b>Case Number:</b>	CM15-0093478		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male who sustained an industrial injury on 4/10/06. The injured worker was diagnosed as having post-traumatic stress disorder, neck pain degenerative disc disease lumbar, chronic pain due to trauma, low back pain, facet arthropathy, myalgia and myositis unspecified, failed back surgery syndrome lumbar, muscle spasms and spondylolisthesis. Currently, the injured worker was with complaints of back pain with radiation to the upper and lower extremities. Previous treatments included medication management, status post L5-S1 fusion, status post right shoulder superior labrum anterior and posterior tear repair, and injections. Previous diagnostic studies included radiographic studies, computed tomography and magnetic resonance imaging. The injured workers pain level was noted as 7/10 with medication and a 9/10 without medication. Physical examination was notable for antalgic gait, painful range of motion in the lumbar spine, tenderness to palpation to the lumbar spine. The plan of care was for a drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug test (for Tramadol and Gabapentin Serum Drug levels): 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:** MTUS recommends urine drug testing in order to assess for the use or presence of illegal drugs. These guidelines would support drug testing for opioids given the use of Tramadol and the potential for misuse/aberrant behavior due to opioid use. However, neither the treatment guidelines nor the medical records identify a need for testing for Gabapentin levels either to detect aberrant behavior or to guide treatment. Additionally it is unclear why serum rather than urine drug testing has been requested in this case. For these multiple reasons this request is not medically necessary.