

Case Number:	CM15-0096059		
Date Assigned:	05/26/2015	Date of Injury:	03/16/2005
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 3/16/05. The injured worker has complaints of back pain and bilateral leg pain. The documentation noted on examination the injured worker had a diffusely tender axial lumbar spine. The diagnoses have included lumbar stenosis. Treatment to date has included hydrocodone/acetaminophen. The request was for outpatient serum drug screen four times a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Serum Drug Screen four (4) times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Urine Drug Testing (UDT).

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

Decision rationale: According to MTUS guidelines: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs". While the interval of 4 tests a

year is appropriate for this patient, there is no documented reason why a urine drug test cannot be obtained. Considering UDS is the standard of care presented in MTUS then the request for serum testing is not supported. Therefore, the request is not medically necessary.