

Case Number:	CM14-0179112		
Date Assigned:	11/03/2014	Date of Injury:	12/07/1996
Decision Date:	12/24/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, elbow pain, shoulder pain, wrist pain, and low back pain reportedly associated with an industrial injury of December 9, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aid, left and right knee replacement surgery; multiple elbow and wrist surgeries, including a right total elbow replacement, a right cubital tunnel release surgery, and a right wrist TFCC debridement; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for blood toxicology screening. The applicant's attorney subsequently appealed. In a progress note dated October 14, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal knee, elbow, shoulder, and low back pain. The applicant was using Norco, Levoxyl, and Benazepril, it was acknowledged. It was stated that the applicant was reportedly benefitting from ongoing Norco usage. Four toxicology screens were endorsed. The attending provider stated that he wish to obtain blood toxicology testing to see if the applicant's serum opioid levels were within what he deemed to be the therapeutic range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood toxicology screen: CPT 82055 X2 assay of ethanol/ 82145 assay of amphetamines/ 80154 assay of benzodiazepines/ 83925X2 assay of opiates / 82542 column chromatography

quantitative x3/ 82491 chromatography quant/ 83840 assay of Methadone/ 82520 assay of Cocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary last updated 10/02/2014; regarding Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Opioids Guideline, 2014 Medical Toxicology, third edition, Edited by Richard Dart, Chapter 128: Opioid Medications pages 776- 769.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. However, the Third Edition ACOEM Guidelines notes that drug testing most commonly revolves around measuring drugs or metabolites in urine or hair. The serum toxicology screen/blood toxicology screening being sought here, thus, in a fact, represents non-standard drug testing, per ACOEM. Furthermore, the textbook Medical Toxicology notes in Chapter 8, page 768 that "plasma levels [of Methadone] are not clinically useful." The Medical Toxicology textbook further notes in Chapter 128, page 769 that the "plasma levels [of Morphine] are not clinically useful." The Medical Toxicology textbook concludes by noting in Chapter 128, page 776 that "plasma opioid levels are not clinically useful." In this case, the attending provider's documentation and progress notes did not provide any compelling applicant-specific rationale or medical evidence which would support pursuit of blood toxicology screening/plasma blood testing/serum blood testing of Methadone, Morphine, Ethanol, and Amphetamines, or their metabolites in the clinical context/outpatient setting present here. Therefore, the request is not medically necessary.