

<b>Case Number:</b>	CM14-0184249		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/17/1996
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 individual is a 59 year old male who sustained an industrially related injury on April 17th, 1996 involving his back and bilateral knees. He has ongoing complaints of intermittent pain in the left SI region and frequent pain in his bilateral knees. The latest physical examination available in the medical record notes tenderness to palpation in the SI regions, hypertonicity, decreased lower back range of motion and normal neurological findings in the lower extremities. He is status post bilateral knee replacement. It is noted in the available record that this individual has a long history of high dose use of opioid medications. He has an opioid contract in place and no information is presented that would indicate a history of misuse or abuse of pain medication. This request is for serum toxicology testing and blood draw.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood draw, serum toxicology screening:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

**Decision rationale:** MTUS states that the "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." The treating physician does indicate that the claimant is considered at high risk due to issues of intractable pain and long-term high dose opioid use. MTUS also notes the use of the "Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005)" which uses "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." While the above mentions urine toxicology which is generally the preferred means of screening due to the ability to offer detection days to weeks post exposure as opposed to blood screening which provides a very limited window of detection. However, blood screening under some circumstances may be appropriate. The treating physician notes extensively his desire to use the serum analysis to monitor for "steady state" of his pain medications and does have a plan for careful monitoring to take advantage of the greater sensitivity but more limited time range of the blood screen. As such the request for serum toxicology testing is medically necessary.