

Case Number:	CM14-0193906		
Date Assigned:	12/01/2014	Date of Injury:	10/08/2012
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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 Geriatrics and is licensed to practice in New York. 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 is a 52 year old male who suffered an industrial related injury on 10/8/12 after a fall. The treating physician's report dated 5/6/14 noted the injured worker had complaints of abdominal pain. The physician noted the injured worker had chronic intractable abdominal pain from the trauma he suffered on 10/8/12. Norco was reported to be helping the injured worker with pain. A computed tomography scan done on 6/21/13 revealed a nodular appearance of the liver with hypertrophy of the caudate lobe consistent with cirrhosis with mild splenomegaly, probably reflecting portal hypertension. Implantation of a Morphine pump was discussed. The diagnosis was noted to be an unspecified disorder of the abdomen. The treating physician's report dated 11/11/14 noted the injured worker was participating in an intrathecal pump trial. The physician also noted blood draws are essential to determine the injured worker's serum opiate concentration and to ensure compliance with the opiate agreement. On 10/21/14 the utilization review (UR) physician denied the request for a blood draw to determine serum opiate levels. The UR physician noted a blood serum test is not indicated as random drug screens can be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw to determine serum opiate levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-78. Decision based on Non-MTUS Citation Uptodate: testing for drugs of abuse

Decision rationale: This injured worker has a history of chronic abdominal pain since 2012. According to the cited guidelines, urine drug screening is used more commonly than serum opiate levels and may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a blood draw to determine serum opiate levels. Therefore, this request is not medically necessary.