

Case Number:	CM14-0200831		
Date Assigned:	12/11/2014	Date of Injury:	04/13/2009
Decision Date:	01/31/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury of 4/13/09. Medical records indicate the patient is undergoing treatment for depression, chronic pain syndrome; lumbar degenerative disc disease; chronic low back pain; lumbar spondylolisthesis; post cervical discectomy pain syndrome; right foot osteoarthritis and left rotator cuff strain. He is s/p anterior cervical discectomy with fusion x 2 (1999, 2000). Subjective complaints include difficulty walking due to foot pain. Patient reports neck pain, low back pain and right and left shoulder pain. He complains cold weather exacerbates his low back pain. The patient reports full participation in ADL's with use of pain medications. Objective findings include tenderness to palpation over levator scapulae on movement. Patient has tenderness over the superior trapezius, neck, low back and right foot. On exam, the patient could rise from a seated position to standing without difficulty. He has ileolumbar tenderness with flexion at the waist and to knee with extension. He has a positive drop test and left shoulder anterior tenderness at 90 degrees abduction. CT scan (11/15/11), negative cervical spine PT for fracture post-operative anterior spinal fusion C5-C7; lumbar MRI (10/8/09) lumbar grade L5-S1 spondylolisthesis, foramina stenosis bilateral RT >LT; DDD. Cervical CT (4/13/09), C5-C7 fusion, plate from C6-C7, broken screw in C5-DDD C4-C5; right foot-moderate to severe changes MP joint great toe and right ankle normal (4/13/09). Treatment has consisted of PT, selective nerve blocks, Norco, Clonazepam, Doplín, Temazepam. The utilization review determination was rendered on 10/29/14 recommending non-certification of PGT (pharmacogenetic testing) and Blood draw for therapeutic levels on pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw for therapeutic levels on pain medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary (updated 10/2/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 32 Established Patients Using a Controlled Substance and on the ODG Pain, Substance abuse (substance related disorders, tolerance, dependence, addiction).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Urine drug screen is the preferred method for screening for abuse. Additionally, "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control... [and] documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". ODG states: "Cautionary red flags for patients that may potentially abuse opioids: (a) History of alcohol or substance abuse, (b) Active alcohol or substance abuse, (c) Borderline personality disorder, (d) Mood disorders (depression) or psychotic disorders, (e) Non-return to work for >6 months, (f) Poor response to opioids in the past (Washington, 2002) Cautionary red flags of addiction:1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse or intoxication3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Medications are provided by multiple providers. (Wisconsin, 2004)The patient has been on chronic opioid therapy. While the treating physician documents a COMM score of 18, the records do not indicate that the injured worker has a medical history of drug abuse or has a history of non-compliance with opioid treatment. In addition, the treating physician did not document red flags of opioid abuse that may justify blood levels of medications. As such, the request for Blood draw for therapeutic levels on pain medications is not medically necessary.