

Case Number:	CM14-0210643		
Date Assigned:	12/23/2014	Date of Injury:	09/09/2009
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 70 year-old female with a 9/09/2003 date of injury. Two medical reports are provided for this review, the 7/8/14 and 11/6/14. According to the 11/6/14 anesthesiology/pain management report, the patient presents with 6/10 right arm pain and has been diagnosed with RSD upper limb; pain in limb; and cervicgia. The report states the patient needs help around the house because she cannot do her usual and customary housework. The patient has bronchitis and states the medications help, but is insufficient to control pain. The physician increases tramadol (50mg) to qid and will continue Flexeril 5mg at tid. On physical exam, the patient has decreased right shoulder abduction and flexion to 80 degs. Grip is 4/5 on the right. Sensory is intact in the upper extremities. The physician requests a blood draw "to determine if the patient's serum opiate levels fall within expected steady state range and to insure compliance with our opiate agreement". The physician requests home health services 4 hours per week "as she has worsening ability to perform her usual activities of daily living due to decrease in functional capacity from reflex sympathetic dystrophy in her right upper extremity". On 11/26/14 utilization review denied a blood draw for serum opioid levels because there was no rationale provided to check serum form tramadol levels; and home health services were denied as there was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 4 hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The patient injured her right upper extremity in 2003 and on 11/6/14, presents with 6/10 right arm pain from RSD. Her pain levels from 7/8/14 were also 6/10. She was taking 1-1.5 tablets of tramadol 50mg on 7/8/14, and on 11/6/14 was increased to tramadol 50mg 4/day. The physician requests home health services 4 hours per week on 11/6/14, "as she has worsening ability to perform her usual activities of daily living due to decrease in functional capacity from reflex sympathetic dystrophy in her right upper extremity". MTUS Chronic Pain Medical Treatment Guidelines, pg. 51 for Home health services states: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The reporting does not indicate what medical treatment is needed at home. The available reports did not state the patient is homebound. MTUS states medical treatment does not include homemaker services. The patient does not appear to meet the MTUS requirements for home health services. The request for Home health services 4 hours per week is not medically necessary.

Blood draw for serum opioids levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SAMHSA/CSAT Treatment Improvements Protocols for Opioid Treatment Program (OTP), Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, Treatment Improvement Protocol (TIP) Series, No. 43, Blood Drug Testing, Chapter 3

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines methadone, Drug Testing Page(s): 86-87, 94-95, 43.

Decision rationale: The patient presents with 6/10 right arm pain from RSD. She takes tramadol 50mg 4/day and Flexeril 5mg 3/day. The 7/8/14 report states the patient is not exhibiting aberrant drug behavior. On 11/6/14 the physician requests a blood draw "to determine if the patient's serum opiate levels fall within expected steady state range and to insure compliance with our opiate agreement". MTUS briefly mentions serum levels when dealing with methadone, on pages 86-87, "Opioids, dosing" section, stating: When switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity MTUS pages 94-95 for "Steps to avoid opioid misuse", does not list serum drug testing, but does recommend frequent random urine toxicology screens. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg. 43 under Drug testing states: Recommended as an

option, using a urine drug screen to assess for the use or the presence of illegal drugs The MTUS guidelines recommend urine, not serum, drug screens to detect compliance with the opioid agreement. There is no discussion as to why the physician believes a single serum blood screen will determine a "steady state range". The request for serum opioid test for compliance with an opioid agreement is not in accordance with MTUS guidelines. The request for a Blood draw for serum opioids levels is not medically necessary.