

Case Number:	CM15-0014774		
Date Assigned:	01/30/2015	Date of Injury:	04/02/2013
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 52 year old male with an industrial injury dated April 2, 2013. The injured worker diagnoses include post laminectomy syndrome, cervical. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 1/8/2015, his treating physician reports that the injured worker complained of neck pain and presented for a pharmacological re-evaluation. The treating physician prescribed services for blood drawn for serum toxicology 4 times a year QTY: 1.00. UR determination on January 20, 2015 denied the request for blood drawn for serum toxicology 4 times a year QTY: 1.00, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Drawn for Serum Toxicology 4 times a year QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, POC Immunoassay Test, and Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The request was for blood draw for serum toxicology 4 times a year. Because the future condition of the patient and medication regimen are unknowns, a request for quarterly serum toxicology screening indefinitely is not supported. Therefore, the request for blood draws for serum toxicology is not medically necessary.