

Case Number:	CM15-0134166		
Date Assigned:	07/24/2015	Date of Injury:	04/11/2012
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male patient who sustained an industrial injury on 4-11-12 with a current chief complaint of back pain. Diagnoses include degenerative lumbar disk and lumbar stenosis. Per the doctor's note dated 6/18/15, he had complaints of low back pain at 3/10 with medications and at 9/10 without medications. The physical examination revealed tenderness and muscle spasm in the paravertebral muscles of the lumbar spine from L4-S1 and decreased range of motion accompanied by pain. Per the progress report dated 5-15-15, patient was better on three tablets of Oxycodone-APAP per day. The current medications list includes Aspirin 81mg, Carvedilol, Inositol, Lorazepam 1 mg three times a day as needed for anxiety, Magnesium, Naproxen, Oxycodone-APAP 10-325 one tablet three times a day, and Tizanidine 4mg one and a half tablets twice a day as needed for spasm. There is an Opioid therapy agreement on file, he has undergone Bilateral L4-L5 facet blocks with a noted 60% improvement on 3-28-14. He has had physical therapy visits for this injury. He has had urine drug screen on 8/19/2014, which was positive for oxycodone and oxymorphone. The requested treatment is a serum drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24039237> - Comparison of drug concentrations between whole blood and oral fluid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option to assess for the use or the presence of illegal drugs." Patient had a urine drug screen on 8/19/2014, which was positive for oxycodone and oxymorphone. Any evidence that the patient had a history of taking illegal drugs is not specified in the records provided. Per the cited guidelines "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." History of aberrant drug behavior is not specified in the records provided. Any subsequent urine drug screens after 8/19/2014 were not specified in the records provided. The rationale for a serum drug screen, is not specified in the records provided. A serum drug screen is not medically necessary for this patient at this juncture.