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| Case Number: | CM15-0162670 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 01/15/2008 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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: Preventive Medicine, Occupational 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 46 year old male who sustained an industrial injury on 1-15-05. His initial complaints and the nature of the injury are unavailable for review. The Primary Treating Physician's Report, dated 6-15-15, indicates that the injured worker has diagnoses of crush injury to the right hand and carpal tunnel syndrome. He presented to the provider office for "pharmacological re-evaluation". His medications included Allegra, Aspirin, Atenolol, Hydrocodone-APAP, Janumet, Lipitor, Lisinopril, Motrin, and Prilosec. The injured worker indicated that the Hydrocodone-APAP "increases his functional capacity and decreases his pain". He reported use of a hand and wrist brace while working. The report states that he "has done well on his increase of Hydrocodone-APAP to five tablets in 24 hours". A serum drug test was requested. The treatment plan indicates that this was "to determine if the injured worker's serum opiate concentration is within expected steady state range and to ensure compliance with the opiate agreement". The injured worker was to continue use of Hydrocodone-APAP and Motrin. The 7-14-15 Primary Treating Physician's Report states that the injured worker "relates that the Hydrocodone-APAP at 10-325 is very effective at maintaining his functional capacity without adverse effects". The report states "Individual requires ongoing medical monitoring and is taking medication much of the time". It also indicates that he "falls into a high risk basis on the basis of the continued requirement of Hydrocodone-APAP". The treatment plan was to continue his medications and "await results of serum drug test performed 6-15-15". The Pain Management provider provided documentation on an undated report entitled "Request and Rational for Authorization for Serum Toxicology Drug Screening". This documented cited many reference materials and indicated that he "provided enough information not only from the

controlled substance act, but also from the more recent information regarding the FDA, that there is no doubt that we need to proceed to test (serum) any patient that is prescribed opioids by any route inclusive of an intrathecal delivery system". The report went on to explain that "drug testing falls into two categories: forensic and compliance". It states "in the case of compliance testing, such as pain practice, the doctor is looking for the presence of the prescribed medications as evidence of their use. Positive results are reassuring to both the patient and the doctor, indicating compliance with the agreed-upon treatment plan".

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS) Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screening.

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines do address this issue in detail and the Guideline note that drug screening is mostly valuable for ruling out the concurrent use of illicit drug and/or for suspected diversion. They do not recommend secondary testing unless there is suspected problems with point of service screening. The Guidelines also do not recommend blanket secondary testing as it should be for the suspected drugs or medications only. Even though serum testing is more accurate for evaluating a particular physiological level of an drug at a particular point in time it's the medical necessity of this testing is not demonstrated as the results are still dependent upon the time of the last dose and individual metabolism. It is noted that the Hydrocodone is beneficial and that there is no evidence of misuse. In addition there no rationale for a complete serum drug screen when a urine screen is more accurate for detecting illicit drug use. The request for serum drug testing is not consistent with Guidelines and is not medically necessary.