

Case Number:	CM15-0028633		
Date Assigned:	02/20/2015	Date of Injury:	01/10/2010
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

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 45 year old female, who sustained an industrial injury on 1/10/2010. The current diagnosis is reflex sympathetic dystrophy in the left upper extremity. Currently, the injured worker complains of moderate left shoulder, left arm, and left hand pain. The pain is described as throbbing, stabbing, shooting, sharp, cramping, gnawing, burning, punishing, cruel, aching, tender, splitting, tiring, sickening, and fearful. Current medications are Amitriptyline, Duloxetine, Gabapentin, Hydrocodone/APAP, Omeprazole, and cream containing Ibuprofen. The physical examination of the left upper extremity revealed tenderness to palpation. There was tenderness bilaterally at the subacromial region and anteriorly over the acromioclavicular joint. Range of motion in the left elbow is limited and painful. The treating physician is requesting blood draw 4 times a year, which is now under review. On 1/29/2015, Utilization Review had non-certified a request for blood draw 4 times a year. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004045/Toxicology screen](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004045/Toxicology%20screen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

Decision rationale: There is no recommendation in CA MTUS Guidelines for blood testing 4 times per year to monitor medical therapy in patients with chronic pain. Per the guidelines, urine screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The test is used to monitor a patient's treatment plan. Medical necessity for the requested item is not established. The requested item is not medically necessary.