MAXIMUS Federal Services

Case Number:	CM15-0028954		
Date Assigned:	02/20/2015	Date of Injury:	11/14/2013
Decision Date:	04/24/2015	UR Denial Date:	01/28/2015
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: District of Columbia, Virginia
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 54 year old female who sustained a work related injury November 14, 2013. While moving cabinets and cleaning classrooms, she developed acute low back pain with left lower extremity radiation. Past history included left L4-L5 transforaminal epidural steroid injection September, 2014 and cholecystectomy December, 2014. According to a primary treating physician's report dated January 13, 2015, the injured worker presented with complaints of low back and left leg pain and re-evaluation of medications. Current medication included; Hydrocodone/APAP, Naproxen, Omeprazole and Tizanidine. Diagnoses are documented as lumbosacral spondylosis; displacement lumbar disk without myelopathy; degenerative lumbar disk and spondylolisthesis. Treatment plan included; medications, requests for serum blood testing, and continue work restrictions; three days a week eight to ten hour days. According to utilization review dated January 29, 2015, the request for Blood Draw (4) times a year to include; cpt code 82055 x 2 Assay of ethanol; cpt code 82145 Assay of amphetamines; cpt code 80153 Assay of benzodiazepines; cpt code 83925 x 2 Assay of Opiates; cpt code 825542 x 3 Column chromatography quant; cpt code 82491 Chromatography, quant, sing; cpt code 83840 Assay of methadone; cpt code 82520 Assay of cocaine are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, regarding drug testing, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Per review of clinical documentation provided, the patient did have any issues with drug abuse. There is no indication for frequent drug testing. Therefore, this request is not medically necessary.