MAXIMUS Federal Services

| Case Number: | CM15-0215893 | | |
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| Date Assigned: | 11/05/2015 | Date of Injury: | 04/02/2013 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 11/02/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

## 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male, who sustained an industrial injury on 4-2-13. The injured worker was diagnosed as having post-laminectomy syndrome and cervical post-laminectomy syndrome. Treatment to date has included medication such as Hydrocodone APAP and Ultram ER. On 10-16-15, the injured worker complained of neck pain. On 10-16-15 the treating physician requested authorization for 1 serum drug screen. On 11-2-15 the request was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Serum drug screen qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 07/15/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT) and Other Medical Treatment Guidelines
http://www.practicalpainmanagement.com/treatments/pharmacological/therapeutic-drug-monitoring.

**Decision rationale:** Serum drug screen qty: 1 is not medically necessary per the MTUS Guidelines and the ODG and an online review of therapeutic drug monitoring. The MTUS and the ODG do not specifically address serum drug monitoring. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. A review online of therapeutic pain management states that the biggest advantage to testing blood is its small margin for error. However, the window of detection is short; it takes only a few hours for a drug to filter through the blood, which can cause a negative result even if the patient is in compliance with their pain management regimen. This type of testing is also time-consuming and intrusive and most physicians prefer urine drug testing for this reason. The documentation indicates that the patient was approved for a urine drug screen on 9/23/15.The MTUS and the ODG support urine drug testing. The documentation indicates that on 1/12/15 there was a request for four blood draws a year for serum drug screening. The documentation does not reveal extenuating factors that would necessitate another test, particularly a serum drug screen over a urine drug screen. The request for serum drug screen is not medically necessary.