

Case Number:	CM15-0033147		
Date Assigned:	02/26/2015	Date of Injury:	06/07/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 Jersey

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:

The injured worker is a 58 year old female, who sustained an industrial injury on June 7, 2013. The injured worker had reported neck pain. The diagnoses have included degenerative cervical disk, cervical spondylosis and right-sided-low back pain. Treatment to date has included pain medication, cervical collar, neurodiagnostic studies and cervical MRI and x-rays. Current documentation dated January 12, 2015 notes that the injured worker complained of moderate to severe posterior cervical spine pain. Activities of daily living aggravate the injured worker's symptoms. Physical examination of the cervical spine revealed the injured worker to be wearing a cervical collar. Therefore, range of motion was not performed. Grip was noted to be a 4/5 bilaterally. Sensation was intact in all four extremities. Hoffman's test was negative. The treating physician requested blood draws for blood testing of opioids. On January 27, 2015 Utilization Review non-certified a request for a blood draw four times a year. The MTUS, ACOEM 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, times 4 per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, she was using opioids on a regular basis. There was insufficient evidence found in the documentation to warrant frequent drug screenings in this particular worker, as there was no abnormal behavior, or previous abnormal drug screening. Also, urine drug screening without quantification, should be sufficient when doing a drug screen. Also, requesting multiple tests (4 times per year) without a knowledge of what medications she will be taking months from the request date it unnecessary. Therefore, the "blood draw, times 4 per year" is not medically necessary.