

Case Number:	CM15-0034965		
Date Assigned:	03/03/2015	Date of Injury:	06/05/2003
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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, New York
 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 62-year-old female who sustained an industrial related injury on 6/5/03. The injured worker had complaints of pain in the right thumb, bilateral wrist, bilateral knees, and left shoulder. Diagnoses included shoulder impingement, hand pain, and knee pain with history of surgery (right). Medications included MS Contin and Hydrocodone/APAP. The treating physician requested authorization for 1 blood draw for serum opiate levels and MS Contin 30mg. On 2/5/15, the requests were non-certified. Regarding the blood draw, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and Official Disability Guidelines. The UR physician noted there was no evidence to support the use of serum blood tests in the management of oral medication use. Regarding MS Contin, the UR physician cited the MTUS guidelines and noted the injured worker's pain had increased rather than been under stable control from multiple opiate medications. It appears that an additional prescription of MS Contin is not appropriate; therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw for serum opiate levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request is considered not medically necessary. There are no guidelines for using serum opiate levels for monitoring opioid use. The 4 A's of opioid monitoring include evaluation for aberrant drug behavior. The guidelines call for monitoring for aberrant behavior by using urine drug screens. Steady state of drug levels does not rule out the use of other illicit drugs. Therefore, the request is considered not medically necessary.

MS Contin 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for MS Contin is medically necessary. She had been taking Norco as well, for break through pain. There were no recent documented urine drug screens, drug contract, or long-term goals for treatment. The patient had continued pain and it was unclear what kind of relief MS Contin provided. It was unclear at which dose the patient was started and if the lowest possible dose was prescribed to improve pain and function. Because there was no improvement in pain or functioning with the use of MS Contin, and long-term efficacy is limited, and there is high abuse potential, MS Contin is considered not medically necessary at this time. Weaning was recommended previously and would be required to avoid a flare-up.