

<b>Case Number:</b>	CM15-0036054		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/30/1998
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male who sustained an industrial injury on 06/30/1998. Current diagnoses include post-laminectomy syndrome-lumbar, lumbar radiculitis, degeneration of lumbar disk, kyphosis, and scoliosis. Previous treatments included medication management, T3-S1 fusion on 01/29/2013, and implantation of an intrathecal pump on 12/28/2004. Report dated 02/11/2015 noted that the injured worker presented with complaints that included back pain. Pain level was rated as 1 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/17/2015 non-certified a prescription for blood draw, serum drug testing times 4, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood draw:Serum testing x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine drug testing (UDT), pain.

**Decision rationale:** The patient presents with low back pain. The current request is for blood draw, serum testing x 4. The treating physician states he requests a serum blood draw in an effort to determine if the patient's serum opiate concentration is within expected steady state range and to ensure patient compliance with opiate agreement. MTUS and ODG guidelines only recommend urine drug testing. The ODG guidelines state, "Urine drug testing is recommended to monitor compliance. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, the treating physician is requesting serum drug testing, which is not recommended by guidelines to monitor opiate use. There is no information provided as to why a urine drug screen would not be appropriate for opiate use monitoring in this patient. The current request is not medically necessary and the recommendation is for denial.