MAXIMUS Federal Services

Case Number:	CM15-0045069		
Date Assigned:	03/17/2015	Date of Injury:	05/21/2003
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2003. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for quarterly serum drug screens to include quantitative opioid testing. A progress note and/or associated RFA form of February 3, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant was presented with ongoing complaints of low back pain. The applicant was apparently receiving intrathecal morphine for the same. The applicant was also using oral Celebrex for pain relief. The applicant had pending intrathecal pain pump reprogramming procedure, it was incidentally noted. The applicant was asked to continue intrathecal morphine, intrathecal clonidine, and intrathecal Dilaudid, along with oral Celebrex, the treating provider concluded. Quarterly serum toxicological screen was also proposed. The applicant did not appear to working with previously imposed permanent limitations, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen-4 a year includes column chromatography/ mass spectrometry X3 each. Draw and chromatography quantitive single analyte not elsewhere specified X1 each draw: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Criteria for Use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ACOEM V.3 Opioids Guideline (2014) Diagnostics and Monitoring Drug testing most commonly measures drugs, or their metabolites, in urine or hair. Urine is most commonly assayed.

Decision rationale: No, the request for quarterly serum drug test screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identity a frequency with which to perform drug testing. The Third Edition ACOEM Guidelines Opioids Chapter notes, however, that drug testing most commonly measure drugs or metabolites in urine or hair. ACOEM further notes that urine is the specimen most commonly assayed. ACOEM does not, thus, endorse, establish, or espouse a role for serum drug testing, as was proposed. Here, the attending provider did not, furthermore, furnish a clear or compelling rationale which would support serum drug testing in the face of the ACOEM position that urine is the specimen most commonly assayed. The attending provider did not state why more standard urine drug testing could not be performed here, as suggested by ACOEM. Therefore, the request was not medically necessary.