

Case Number:	CM15-0045126		
Date Assigned:	03/17/2015	Date of Injury:	12/18/2003
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
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 59-year-old who has filed a claim for chronic neck pain, shoulder pain, and posttraumatic headaches reportedly associated with an industrial injury of December 28, 2003. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for quarterly blood draws. The February 3, 2015 progress note was referenced in its determination. The applicant was diabetic, it was suggested. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant was asked to continue Norco and Motrin. The attending provider stated that he intended to obtain quarterly blood draws for the purpose to determine the applicant's serum opioid concentrations. The applicant's work status was not clearly stated, although it was suggested that the applicant was working in at least one section of the note. Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood drawing, 4 times a year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL:
<http://ncbi.nlm.nih.gov/pubmedhealth/PMH0004045> - "Toxicology Screen".

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 proposed quarterly blood draws were not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not address the topic of serum opioid testing, as was proposed here. The attending provider indicated that the quarterly blood draws were being proposed for the purposes of performing serum opioid testing. However, the Third Edition ACOEM Guidelines note that drug testing most commonly measures drug metabolites in urine or hair. Urine is the most commonly assayed specimen, ACOEM notes. Here, the attending provider did not furnish a clear or compelling rationale for non-standard quarterly serum opioid testing in the face of the ACOEM position in favor of urine drug testing as the most commonly assayed specimen. Therefore, the request was not medically necessary.