

Case Number:	CM15-0046902		
Date Assigned:	03/19/2015	Date of Injury:	01/03/1997
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 71 year old male, who sustained a work/industrial injury on 1/3/97. He has reported initial symptoms of intractable neck pain. The injured worker was diagnosed as having cervical disc degeneration. Treatments to date included intrathecal infusion pump. Magnetic Resonance Imaging (MRI) reported degeneration at L5-S1. Currently, the injured worker complains of aching neck and low back pain. The treating physician's report (PR-2) from 12/23/14 indicated the injured worker was present for pharmacological re-evaluation, pump analysis, refill and reprogramming. The pump was implanted due to chronic, severe, and intractable pain. Exam noted normal range of motion of the cervical spine and stable neurological and psychiatric status. Medications included Advance Fentanyl intrathecal and intrathecal Clonidine. Treatment plan included 4 Serum Drug Screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Serum Drug Screens: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Steps to avoid opioid misuse Page(s): 86-87, 94-95, 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

Decision rationale: The patient presents with neck and low back pain. The request is for 4 serum drug screens. There is no RFA provided and the date of injury is 01/13/97. Patient's diagnoses per report dated 12/23/14 included cervical disc degeneration, cervical radiculitis, lumbosacral radiculitis and Atlanto-occipital atlanto-axial sprain/strain. Per 07/01/14 progress report, the patient underwent surgical implantation of an intrathecal pump on 10/14/10. Treater states, "the intrathecal delivery system was implanted due to chronic, severe and intractable pain." The intrathecal pump has been re-evaluated every 30 days for analysis, refill and programming. Current medications include Advance intrathecal Fentanyl (1948.3mcg per day) and intrathecal Clonidine (38.97 mcg per day). The patient's work status is "future medical provision", per 01/27/15 report. MTUS briefly mention serum levels when dealing with methadone, on pages 86-87, "Opioids, dosing" section, stating: When switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity MTUS pages 94-95 for "Steps to avoid opioid misuse," does not list serum drug testing, but does recommend frequent random urine toxicology screens. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 under Drug testing states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per 12/23/14 report, treater states, "Serum testing is preferred since it is performed immediately, avoiding patient issues regarding inability to provide a urine specimen and also allows the evaluation of "steady state", which is a more accurate method." The MTUS guidelines recommend urine, not serum, drug screens to detect compliance with the opioid agreement. There is no discussion as to why the physician believes serum blood screens will determine a "steady state range," nor documentation reporting this patient is unable to provide a urine sample. There is no explanation as to why 4 sets are needed either. ODG guidelines recommend once yearly testing for low-risk. No risk profile has been provided to warrant multiple testing. The request for 4 serum drug screens is not medically necessary.