

Case Number:	CM15-0053715		
Date Assigned:	03/27/2015	Date of Injury:	01/07/2000
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is an 83 year old female who sustained an industrial injury on 01/07/2000. Diagnoses include post-laminectomy syndrome-lumbar, lumbar disc displacement, lumbago, lumbar radiculopathy, cervical spondylosis and cervical degenerative disc disease, and pain in limb. Treatment to date has included 3 surgeries to her back, left knee replacement x 2, medications, therapy, diagnostic studies, cervical facet blocks, and right atlanto-axial injection. A physician progress note dated 03/09/2015 documents the injured worker has pain in the low back, left knee, right knee, and neck pain (non-industrial), and right arm pain (non-industrial). The reduction of the daily Hydrocodone/APAP left her with 10 nights where she had insufficient pain relief. The medication was to be modified with continued weaning on a monthly basis, and the injured worker does not want to wean anymore or she will have more sleepless nights, and a decrease in function. Cervical range of motion was restricted. Injured worker ambulates with a walker. She has decreased touch bilaterally in the feet up to the sock level. Treatment requested is for Serum drug screen x4 a year with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen x4 a year with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, both knees, the neck, and the right arm. The treatment recommendations included an opioid medication. However, the number of screening tests did not take into account changes in the worker's care needs, and there was no discussion describing special circumstances that sufficiently supported this request for blood testing instead of urine testing. For these reasons, the current request for a serum drug screen four times in a year with the [REDACTED] laboratory is not medically necessary.