

Case Number:	CM14-0182125		
Date Assigned:	11/07/2014	Date of Injury:	02/15/2011
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 2/15/11. A utilization review determination dated 10/10/14 recommends non-certification of 2 blood draws. 9/25/14 medical report identifies back and left leg pain. Patient is noted to be at moderate risk as methadone was being utilized. On exam, there is limited ROM and decreased sensation to the toes of the left foot. Blood draw was requested "to determine if serum opiate levels are within the therapeutic range."

IMR ISSUES, DECISIONS AND RATIONALES

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

2 blood Draws to test for Alcohol X2, Amphetamines, Benzodiazepines, Opiates, Marijuana X3, Thioprine, Methadone, and Cocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for 2 blood Draws to test for Alcohol X2, Amphetamines, Benzodiazepines, Opiates, Marijuana X3, Thioprine, Methadone, and Cocaine, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as

an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is noted that the most recent report recommended a blood draw "to determine if serum opiate levels are within the therapeutic range" rather than to test for the presence of various medications and illicit drugs. Patient was noted to be at moderate risk due only to the utilization of methadone, but no risk stratification as per ODG criteria is noted. The date and results of the prior UDS are not clearly identified along with a rationale to support the medical necessity of screening at the proposed frequency. Furthermore, the need for multiple screens is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 2 blood Draws to test for Alcohol X2, Amphetamines, Benzodiazepines, Opiates, Marijuana x3, Thioprine, Methadone, and Cocaine are not medically necessary.