

Case Number:	CM14-0211322		
Date Assigned:	12/24/2014	Date of Injury:	04/11/2013
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal 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 employee was a 39 year old male who sustained an industrial injury on 04/11/13. The progress note from 11/04/14 was reviewed. Subjective complaints included low back pain radiating to the right lower extremity. He was upset because his Hydrocodone/APAP was delayed a week. His pain was 9/10. His current medications included Hydrocodone/APAP 10/325mg TID. He had tenderness in the paravertebral muscles of the lumbar spine from L3-S1, left more than right. He had tenderness at the left sciatic notch. The lumbar spine range of motion is limited. His diagnoses included lumbosacral spondylosis, displacement lumbar disc without myelopathy, degeneration of lumbar disc and lumbar stenosis. The plan of care included continuing hydrocodone/APAP at current levels and blood draw to determine if the serum opiate levels were within the therapeutic range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Draw x 2 (unspecified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Drug Testing.

Decision rationale: According to Official Disability Guidelines, drug testing is recommended in the form of urine drug screen to assess for the use or the presence of illegal drugs. Even though urine drug testing is recommended, there is no recommendation regarding serum opioid level testing. Hence the request for serum opioid level testing is not medically necessary or appropriate.