MAXIMUS Federal Services

Case Number:	CM14-0212243		
Date Assigned:	01/02/2015	Date of Injury:	10/02/2012
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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: California, Hawaii
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 IW is a 56 year old woman with date of injury of 10/2/2012. She has been treated with medications, conservative therapy and lumbar sympathetic blocks. She has been on chronic medication management with Soma, Norco, Ibuprofen, Lyrica, Volaren and Zolpidem. The hydrocodone, Lyrica and Volaren gel appear to have been denied and self-procured by the IW. Recent physical exam of 1/5/2015 demonstrated atrophy of the left calf, decreased range of motion in the left ankle, colder temperature in the left foot, left foot hyperethesia and tenderness to palpation. IW ambulated with a wide based gait.Diagnoses1.Complex regional pain disorder, lower extremity. 2.Ankle sprain/strain. 3.Right knee strain. Blood tests for opioid monitoring were denied because there was no high index of suspicion of misuse of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Draw x 2 for Drug Screening for Medication Compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening those at high risk of abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-94.

Decision rationale: The IW presents with CRPS of the left limb. Request is for blood tests x2 for drug screening. The medical records give several reasons for blood tests. One reason is to test for therapeutic levels of opioids in the IW's blood. Request was also made to determine if there is compliance with the clinic opiate agreement. There is poor correlation with serum levels of opioids and clinical efficacy. Also, the CA MTUS does not recommend blood tests unless the patient is considered high risk. The medical records do not indicate the IW is considered at high risk for abuse. CA MTUS recommends urine drug screening once a year to screen for aberrant behavior. The request is not medically necessary and recommendation is for denial.