

<b>Case Number:</b>	CM14-0217437		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/23/1996
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

70 year old female injured her lower back at work on 23 Feb 1996. The mechanism of injury was not available for review. She has been diagnosed with post lumbar laminectomy syndrome and lumbosacral radiculitis. On her recent visit to her provider she complained of pain in the lumbosacral area, right hip and right lower leg made worse with activity. On exam she had marked limited motion to her lower back and a normal psychiatric exam. No ancillary studies were available for review. Treatment has included surgery (lumbar laminectomy, total right hip arthroplasty and total right knee arthroplasty), implanted intrathecal opioid delivery system and medications (Baclofen, Norco, Lidoderm patch, Miralax, Nexium, Prilosec, sertaline, trazadone and Sufentanil).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Blood Draw related to low back injury as an outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Opioids Page(s): 34, 60, 74-96.

Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I - Evidence Assessment, Pain Physician 2012; 15:S1-S66 and Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.n>

**Decision rationale:** A drug test is a technical analysis of a biological specimen, for example urine, hair, blood, breath air, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug-testing a blood sample is considered to be an accurate test for drugs or their metabolites but is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to identify and prevent the significant problems of drug-related morbidity or mortality from occurring. It recommends regular drug screening as part of the ongoing management of patients on chronic opioid therapy. However, it does not specify urine or blood toxicology screens as a method of choice. The ASIPP guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records shows that the provider appropriately is screening the patient for controlled substances but it does not give any justification for using a blood toxicology screen instead of the standard urine screen. Medical necessity for this procedure has not been established. This request is not medically necessary.