

<b>Case Number:</b>	CM15-0015354		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/08/1986
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male injured worker suffered and industrial injury on 10/08/1986. The diagnoses were cervical disc degeneration with protrusion, lumbar radiculopathy. The diagnostic study was electromyography. The treatments were left transforaminal steroid injections, facet joint injections, and medications. The treating provider reported he was being treated for moderate to severe neck pain with headaches that were throbbing, shooting, stabbing, sharp, cramping. The pain escalated with activities. On exam there is reduced range of motion with increased pain. Per the doctor's note dated 12/22/14 patient had complaints of neck pain with headache. Physical examination revealed limited range of motion, negative Hoffman sign, 4/5 strength, and normal sensation. The patient's surgical history include bilateral facet therapeutic block on 9/19/14. The medication list include Acetaminophen, Ibuprofen, gabapentin, Diltiazem, Aspirin, Oxymorphone, Benadryn, Simvastatin, Tylenol#3, Norco and Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 blood draw for serum opiate levels:** 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 California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline.

**Decision rationale:** A detailed history documenting that this patient has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided. Rationale for blood draw for serum opiate levels is not specified in the records provided. A recent detailed report of a Urine toxicology study was not specified in the records provided. The medical necessity of the request for 1 blood draw for serum opiate levels is not fully established in this patient.