

Case Number:	CM15-0114208		
Date Assigned:	06/16/2015	Date of Injury:	09/21/1999
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Indiana, New York
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 injured worker is a 61 year old male patient who sustained an industrial injury on 09/21/1999. The accident was described as while working he fell on cement resulting in ankle injury. A follow up visit dated 04/22/2015 reported chief complaint of left ankle pain. He presents for pharmacological re-evaluation and pump analysis with refill. Current medications are: Diazepam; Colace; Finasteride; Gabapentin; hydrocodone/APAP; Morphine Sulphate IR, and Ambien. The patient is found allergic to Lyrica. An ultrasound report dated 04/22/2015 showed the pump filled without concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen x 1, a year for monitoring medication, for symptoms related to left ankle, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, serum drug testing times four times a year for monitoring medication for symptoms related to left ankle as an outpatient are not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction-aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction-aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are pain in limb; and reflex sympathetic dystrophy left lower extremity. The worker presents on April 22, 2015 for pharmacologic reevaluation, pump analysis, pump refill and pump reprogramming. Current medications include hydrocodone, morphine sulfate IR and morphine 20 mg per-cc through the intrathecal pump. The treating provider's documentation does not contain a rationale for a serum drug test over a urine drug test. There is no clinical rationale for a serum drug test four times a year. Documentation indicates the injured worker is a high risk for drug misuse and abuse. Drug screening may be performed through urine on a quarterly basis. However, there is no clinical indication for ordering quarterly urine drug testing. Urine drug testing may be ordered every three months with a reevaluation based on subjective and objective findings. Consequently, absent clinical documentation to support serum drug testing when urine drug testing is freely available, a clinical rationale to support quarterly urine drug testing, serum drug testing four times a year for monitoring medication for symptoms related to left ankle as an outpatient are not medically necessary.