MAXIMUS Federal Services

Case Number:	CM15-0071112		
Date Assigned:	04/17/2015	Date of Injury:	11/14/1997
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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
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 injured worker is a 78 year old male, who sustained an industrial injury on November 14, 1997. The injured worker reported neck and shoulder pain when lifting a garbage can. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervical disc degeneration, radiculitis, cervicalgia, impingement syndrome and lumbar disc degeneration. Treatment and diagnostic studies to date have included cervical fusion and spine reconstruction, rotator cuff surgery and transdermal and oral medication. A progress note dated march 19, 2015 provides the injured worker complains of neck, arm and leg pain. She rates pain 6/10 with medication and 10/10 without medication. Physical exam notes cervical and shoulder tenderness with decreased range of motion (ROM). The plan includes lab work, medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four serum drug screens: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse "Opioids, dosing" section Drug testing Page(s): 86-87, 94-95, 43. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Urine Drug Testing.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with pain to neck, bilateral arm and leg rated 6/10 with and 10/10 without medications. The request is for FOUR SERUM DRUG SCREEN. The patient is status post bilateral rotator cuff surgery 1998-1999, cervical fusion 1999, cervical spine reconstruction 2000, installed plates in cervical spine surgically 2005, and cervical fusion 09/05/13. No RFA provided. Patient's diagnosis on 03/19/15 included cervical post-laminectomy syndrome, degeneration of cervical and lumbar discs, cervical radiculitis, cervicalgia, and impingement syndrome. Patient medications include Hydrocodone, Fentanyl patch, Diazepam, Coumadin, Metformin, Nexium, and Tegaderm. Patient's work status not available. MTUS pages 86-87, briefly mentions serum levels when dealing with Methadone, on "Opioids, dosing" section, stating: When switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity. MTUS pages 94-95 for "Steps to avoid opioid misuse," does not list serum drug testing, but does recommend frequent random urine toxicology screens. MTUS pg 43 under Drug testing states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Testing states: Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per progress report dated 03/19/15, treater states "Request authorization for blood draw to determine if patient's serum opiate concentration is within expected steady state range and to ensure patient compliance with our opiate agreement. The patient is in a high risk category on the basis of the continued required utilization of schedule II opioid, which has a high potential for addiction, tolerance and dependence and is considered a dangerous drug by the DEA." Treater provided risk assessment which indicates reasoning for 4 sets of serum drug screens. However, MTUS recommends urine, not serum, drug screens to detect compliance with the opioid agreement. There is no discussion as to why the physician believes serum blood screens will determine a 'steady state range,' nor documentation reporting this patient is unable to provide a urine sample. Therefore, the request for 4 serum drug screens IS NOT medically necessary.