

<b>Case Number:</b>	CM15-0078236		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/07/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Illinois

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:

The injured worker (IW) is a 54 year old female who sustained an industrial injury on 12/07/2006. She reported shoulder, wrist and back pain. The injured worker was diagnosed as having cervicalgia, myalgia and myositis not otherwise specified, reflex sympathetic dystrophy, and chronic pain due to trauma. Treatment to date has included medication and home exercise program. Currently, the injured worker complains of left arm, neck, upper and lower back, and right wrist pain that was sharp, aching, throbbing, pins and needles, burning, electric and associated with stiffness and numbness and increased in intensity since last visit. She is trying home exercise, ice/heat, pacing, and breathing/relaxation for pain relief in addition to medication. She is under the care of a pain management physician. Her Pain score without pain meds is 7-8/10, and she is restricted in ability to perform activity of daily living with difficulty due to pain. Pain score with pain meds is 4/10 and she is able to perform activities of daily living with less difficulty. The request is for authorization for a retrospective toxicology blood draw.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toxicology blood drawn and sent out for results (DOS: 3/25/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43: 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 12/07/2006. The medical records provided indicate the diagnosis of cervicalgia, myalgia and myositis not otherwise specified, reflex sympathetic dystrophy, and chronic pain due to trauma. Treatment to date has included medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Retrospective Toxicology blood drawn and sent out for results (DOS: 3/25/15). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reviewed indicates that the blood toxicology testing was done to assure the provider there is no drug overdose. The MTUS does not recommend blood draw for toxicology testing to determine the blood levels of the prescribed drug or to check for overdose. Rather, the MTUS recommends that individuals on opioids be made to do urine drug screen in other to determine illegal activities/illicit/drug abuse issues. The MTUS recommends questioning the family members, other caregivers about the use of drug, aberrant behavior; and also to routinely due pill count.