MAXIMUS Federal Services

Case Number:	CM15-0099250		
Date Assigned:	06/01/2015	Date of Injury:	01/03/2010
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii
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 59 year old female, who sustained an industrial injury on 1/3/10. The injured worker was diagnosed as having lumbosacral spondylosis, displacement of lumbar disc without myelopathy, degeneration of lumbar disc and lumbago. Treatment to date has included oral medications including Carvedilol, Fioricet, Gabapentin, Thyroid and Tylenol #4. Currently, the injured worker complains of back pain and left leg pain with burning and numbness of left foot with nocturnal muscle spasms. Her disability status is permanent and stationary. Physical exam noted tenderness of palpation of lumbosacral spine with restricted range of motion. A request for authorization for blood draws 4 times a year was submitted. The treatment plan included continuation of Gabapentin, Tylenol #4, urology referral and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) blood draws: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain chapter, Urine drug testing (UDT).

Decision rationale: The patient presents with current complaints of back pain and left leg pain with burning and numbness of left foot with noctumal muscle spasms. The current request is for Four (4) blood draws. The treating physician requests on 1/12/15 (63C), authorization for serum toxicological screening on an industrial basis. MTUS and ODG guidelines only recommend urine drug testing. The ODG guidelines state, "Urine drug testing is recommended to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. 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." In this case, the treating physician is requesting serum drug testing, which is not recommended by guidelines to monitor opiate use. There is no information provided as to why a urine drug screen would not be appropriate for opiate use monitoring in this patient. The current request is not medically necessary.