MAXIMUS Federal Services

Case Number:	CM13-0021092		
Date Assigned:	10/11/2013	Date of Injury:	04/20/2001
Decision Date:	01/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in California and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male who reported an injury on 04/20/2001. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 10/01/2013 revealed the patient expressed decrease of pain with his pain medication regimen from 10/10 pain to 7/10 in intensity. The decrease in pain allowed the patient to participate in his daily routine to include caring for his family and grandchildren. The patient was taking his medications as prescribed, and denied any negative side effects. He was not experiencing any excessive sedation or cognitive impairment. Medications the patient was taking were Lyrica 150mg 1 four times a day, Oxycontin 40mg 1 three times a day, Oxycontin 80mg 1 three times a day, Topamax 25mg 2 at bedtime and Zanaflex 6mg 1 four times a day. There was noted improved flexibility, including bending forward approximately 45 degrees, which the patient had not been able to do in the past. There was a significant improvement from his baseline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Testing for Opiate Therapy Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2013, Pain Chapter, Genetic Testing for Potential Opioid Abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Genetic Testing for Potential Opiate Abuse.

Decision rationale: The California MTUS Guidelines / ACOEM does not address genetic testing. The Official Disability Guidelines state that genetic testing is not recommended. The clinical information submitted did not provide a rationale to the requested testing. The patient was noted to be experiencing improvement with the medications and was experiencing not side effects. As such the request for genetic testing for opiate therapy management is non-certified.

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS Guidelines state that trigger point injections can be considered if several factors prove true, to include medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The patient's activity level had increased, decreased level of pain reported and range of motion had increased. Current pain management regimen is effective for patient. The California MTUS Guidelines also state there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The clinical information submitted did not detail such findings. As such the request for trigger point injections is non-certified.