

Case Number:	CM13-0028694		
Date Assigned:	11/27/2013	Date of Injury:	08/10/1996
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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:

44y/o male injured worker with date of injury 8/10/96 has related upper extremity pain radiating to the back of the neck and shoulders. He has been diagnosed with carpal tunnel syndrome, fibromyalgia, hypogonadism, gynecomastia (these last two are thought to be complications of high dose opiates) myofascial pain syndrome and thoracic outlet syndrome. Unrelated to the injury, he is also diagnosed with allergic rhinitis, Asperger's disorder, depression, hypertension, and obesity. He has been referred to physical therapy in the past, and medications have provided some relief. He has been treated with Suboxone before. AME ██████████ thought he did not have organic pathology to support high dose opiate use. Recently the patient had been functioning at a high level, pursuing graduate studies and working. The date of UR decision was 9/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 88.

Decision rationale: MTUS Chronic Pain Guidelines advocate the use of the "4 A's" for monitoring individuals on this type of medication. This would include analgesia, adverse side effects, aberrant drug-taking behavior and activities of daily living. Documentation indicated medication weaning had been suggested first in 12/2009 based on lack of adequate pain control and functional improvement. 10/18/12 provider note also noted plan to wean. The UR physician has modified this request to a certification of Oxycodone HCL 30mg #68 to facilitate weaning. The request as submitted was not medically necessary.

urine drug test and testing of drug metabolism: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Metabolism

Decision rationale: Per 8/20/13 treating physician's note, the injured worker has never exhibited any medication abuse or aberrant medication use behaviors. Additionally he has been under the continual care of two mental health professionals who have not identified aberrant medication use behaviors. Per MTUS guidelines, frequent random urine toxicology screens are an appropriate step to avoid misuse of opioids, in particular for those at high risk of abuse. The use of UDS testing may be medically necessary depending on timing. However, this request has two parts. The second part of the request is for genetic testing for drug metabolism, perhaps to identify if the injured worker is an ultra-rapid metabolizer, or his enzymatic predilection to metabolize medications, perhaps as a justification for very high opiate dosing. The MTUS is silent on this, and the ODG does not endorse this. The rate of metabolism will not change the indication or side effects for opiate treatment in this injured worker. Not medically necessary.