

Case Number:	CM13-0042430		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2012
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52-year-old female presenting with right shoulder, wrist, and neck pain following a work-related injury on February 9, 2012. The claimant complained of pain to her cervical spine radiating to the left shoulder. The pain is rated 5 out of 10 and associated with insomnia. The pain is described as pins and needles in the bilateral shoulder. The claimant also reports pain in the low back radiating down the right leg. The claimant's medications include compounded cream of Terocin, Somnicin, Laxacin, Gabacyclotram, and Midrin for migraine, naproxen, and hydrocodone. MRI of the right shoulder was significant for acromion is type II with mild to moderate proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes seen, 3 mm subchondral cystic structure at the superior and outer portion of the right humeral head, consistent with geode formation, slight irregular appearance at the glenoid labrum, mild amount of fluid in the glenohumeral joint, limited study due to patient motion and motion artifact. The claimant was diagnosed with right shoulder internal derangement, status post-surgical intervention ~3 weeks, right carpal tunnel syndrome, and anxiety and depression

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 urine toxicology, per 9/24/13 report: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Substance Abuse Page(s): 108.

Decision rationale: urine toxicology, per 9/24/13 report is not medically necessary. Per CA MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patient's at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of her urine drug testing limited to point of care immunoassay testing. Additionally the provider did not document risk stratification using a testing instrument as recommended in the CA MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.

1 genetic testing for narcotic risk, per 09/24/13 report: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Narcotics and Medicare Criteria.

Decision rationale: genetic testing for narcotic risk, per 09/24/13 is not medically necessary. The CA MTUS or ODS do not make a statement on this because it is still investigational; Additionally Medicare guidelines were also referenced and their statement is as follows per Social Security Act Section 1862(a)1(A) and the Code of Federal Regulations 42CFR411.15, Medicare does not pay for any items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. The determination of medical necessity must be tailored to the individual patient and their unique clinical scenario. CMS considers services to be medically reasonable and necessary if they are: Safe and effective; Not mainly for the convenience of the patient or the physician; Not experimental or investigational; and Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member; Furnished in a setting appropriate to the patient's medical needs and condition; Ordered and furnished by qualified personnel; One that meets, but does not exceed, the patient's medical need; and At least as beneficial as an existing and available medically appropriate alternative. In reference to this case, the merit of the genetic

testing in providing any improved functional outcomes in managing this claimant's chronic pain has not been demonstrated; therefore, the request is not medically necessary.