

Case Number:	CM13-0050085		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2013
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/11/2013

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 Florida. 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 44-year-old female who reported an injury on 03/21/2013. The patient is currently diagnosed with cervical musculoligamentous injury, partial split tear of the right peroneus brevis tendon in the right ankle, right knee contusion with tenderness and internal derangement, right shoulder pain with supraspinatus tendon, biceps tendinosis, possible labral tear, and impingement syndrome, lumbar spine annular tear with disc protrusion, rule out carpal tunnel syndrome on the right, lumbar radiculopathy on the right, depression, and GI upset. The most recent physician progress report submitted by [REDACTED] is dated 10/17/2013. The patient reported ongoing right shoulder pain as well as low back, right knee, right ankle, right wrist, right elbow, and right hand pain. Physical examination revealed moderate to severe tenderness over the AC joint on the right, limited range of motion, tenderness over the right lateral epicondyle, decreased sensation in the right upper extremity, tenderness with spasm to the right paraspinal column, decreased motor strength, extreme tenderness over the iliofemoral crease, crepitus with internal and external rotation of the hip joint on the right, right knee joint tenderness, mild crepitus, positive McMurray's testing, tenderness at the anterior talotibial joint in the right ankle, and questionable laxity. Treatment recommendations included an MRI of the right hip, an EMG/NCV study of the upper and lower extremities, acupuncture treatment, an ankle brace, an orthopedic consultation, a steroid injection, and an internal medicine evaluation. A Letter of Medical Necessity was previously submitted on 08/20/2013 regarding the Proove Narcotic Risk Laboratory Test to evaluate genetic risk for narcotic dependence/addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove drug metabolism profile performed on 8/16/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and www.proovebio.com

Decision rationale: California MTUS Guidelines state the history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. As per the documentation submitted, there is no indication that this patient falls under a high risk category for noncompliance or misuse of medication. There is no documentation of aberrant behaviors. The current request for a Proove drug metabolism profile is not supported by the evidence based medical guidelines. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.