

Case Number:	CM13-0067738		
Date Assigned:	01/03/2014	Date of Injury:	11/10/2008
Decision Date:	05/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma 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 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/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 injured worker is a 56-year-old male who reported an injury on 11/10/08. The mechanism of injury was not provided in the medical records. His symptoms included constant moderate to severe pain to the left shoulder. Physical exam findings were not provided in the medical records. The provider noted a CURES report showed excessive use of medications and the injured worker was noted to have a substance abuse issue. The provider felt the injured worker would benefit from being treated by someone who was better equipped to handle medications such as a pain management specialist. The injured worker was diagnosed with rotator cuff syndrome. Past medical treatment included physical therapy, cortisone injections to the left shoulder, and oral medications. An x-ray of his left shoulder revealed negative results, but was not dated. An MRI of the left shoulder revealed a tear of the rotator cuff. It was not dated either.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: According to the California MTUS guidelines, drug testing is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines further state ongoing management of opioid use should include use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The documentation submitted for review dated 8/27/13 indicated the injured worker was prescribed Vicodin and needed pain management to manage medications. On 10/22/13, the injured worker was noted to have a substance abuse issue; however, the injured worker was noted to not have any medications. Therefore, the request for urine toxicology is unclear. It was unclear when the injured worker last underwent a urine toxicology screening. In the absence of the necessary documentation, the request is not supported. Therefore, the request for urine toxicology is non-certified.

GENETIC TESTING FOR NARCOTICS RISK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that genetic testing 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. The documentation submitted for review dated 8/27/13 indicated that the injured worker was prescribed Vicodin and needed pain management to manage medications. On 10/22/13, the injured worker was noted to have a substance abuse issue; however, the injured worker was noted to not have any medications. Therefore, the request for genetic testing is unclear. As the guidelines state, genetic testing is not recommended and in the absence of the necessary documentation, the request is not supported. Therefore, the request for genetic testing for narcotic risk is not medically necessary.