

Case Number:	CM14-0008810		
Date Assigned:	02/12/2014	Date of Injury:	06/13/2012
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopaedic Surgery 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 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 53-year-old female who was injured on June 13, 2012. The mechanism of injury is described as having injured the lateral aspect of the right elbow on the corner of a wall, and then again two days later on the corner of a filing cabinet. The Qualified Medical Evaluation dated August 21, 2013 reflects documentation of pain, bruising and swelling to the lateral aspect of the right elbow. Limited use of the right hand is also documented. The diagnoses include right elbow lateral epicondylitis. Urine drug screen is documented as having been performed on November 4, 2013 and is noted to be negative for all tested medications. A previous urine drug test performed on September 26, 2013 was also negative. The progress notes provided do not give a current list of medications, but in the treatment plan, it does appear to indicate the injured is currently utilizing anti-inflammatory drugs. A progress note dated August 14, 2013 documents the injured is currently on Lipitor. The note lists no other medications. The utilization review in question was rendered on January 13, 2014. The reviewer has non-certified the request for Deoxyribonucleic Acid (DNA) testing and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABORATORY TEST - DNA, FOR DATE OF SERVICE 10/31/13: 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), Pain, Cytokine DNA Testing.

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

Decision rationale: This topic is not addressed by the ACOEM or the California MTUS. The Official Disability Guidelines (ODG) recommends against set of DNA testing and urine tests for potential opioid use. As such, this request is considered not medically necessary.

TOXICOLOGY - URINE DRUG SCREEN, FOR DATE OF SERVICE 10/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: The injured worker had multiple urine drug screens over the last six months including June 19, 2013, September 26, 2013, and November 4, 2013. All of these tests are documented as not showing any evidence of medications including opiates. The documentation provided does not indicate the injured is currently taking anti-inflammatory drugs. As such, the medical necessity of this request is not established under the Chronic Pain Medical Treatment Guidelines.