

Case Number:	CM14-0100813		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2006
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with date of injury of 12/04/2006. The listed diagnosis per [REDACTED] dated 05/12/2014 is degeneration of the lumbar disk. According to this report, the patient complains of low back and left ankle pain. The patient describes his low back and left ankle pain as throbbing, shooting, stabbing, sharp, cramping, gnawing, burning, aching, heavy, tender, splitting, tiring, and sickening. He rates his pain 5/10. The examination shows the patient uses a cane for ambulation. There is tenderness in the paravertebral muscles of the lumbar spine especially in the T12, L1, and L2 region. The range of motion is full and pain free in the cervical spine. The range of motion in the lumbar spine is diminished. This report references a urine drug screen on 04/16/2014, which was inconsistent with his current prescribed medications. The patient takes Nucynta for pain. The utilization review denied the request on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Genetic Testing (Molecular Pathology): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain.

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

Decision rationale: This patient presents with left ankle and low back pain. The physician is requesting genetic testing. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines on genetic testing for potential opioid abuse states that it is not recommended. While there appears to be strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics. In this case, the ODG Guidelines do not support the use of genetic testing. Therefore the request is not medically necessary.

Prospective Request for 1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), Page 10, 32-33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with left ankle and low back pain. The physician is requesting urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users. However, the ODG Guidelines provide a clear guideline. For patients at "moderate risk" for addiction/aberrant behavior, it recommends 2 to 3 times a year screening with confirmatory testing for inappropriate or unexplained results. The records show a urine drug screen on 04/16/2014 that showed inconsistent results with prescribed medications. It appears that the physician is requesting a second urine drug screen. In this case, the ODG supports 2 to 3 times a year urine drug screens for patients considered at "moderate risk". Therefore the request is medically necessary.