

<b>Case Number:</b>	CM14-0103582		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/08/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Orthopedic Surgeon and is licensed to practice in 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 request for Naproxen 250 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation regarding efficacy and improvement in functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 250mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): page 67..

**Decision rationale:** The request for Naproxen 250 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation regarding efficacy and improvement in functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Urinalysis / Toxicology.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; screening risk for addition..

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

**Decision rationale:** The request for Urinalysis / Toxicology is not medically necessary. The injured worker had a urinalysis performed 01/23/2014 which was consistent with therapy. The guidelines recommend using a urine drug screen to assess for the use or presence of illegal drugs. The guidelines state for those at high risk of abuse, to be perform frequent, random toxicology screens. There is a lack of documentation regarding the injured worker being at high risk for abuse to warrant repeat urine drug screens.

**2nd and 3rd DIP joint Arthrodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist & Hand. Chapter: Arthrodesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Forearm, Wrist, and Hand, Arthrodesis.

**Decision rationale:** The request for 2nd and 3rd DIP joint Arthrodesis is not medically necessary. The injured worker complains of left hand pain, rated 8/10 that radiated to her upper arm and the left 2nd and 3rd DIP joint deformity. The Official Disability Guidelines recommend arthrodesis in severe post-traumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. Total wrist arthrosis is regarded as the most predictable way to relieve pain of post-traumatic wrist arthritis. Arthrodesis (fusion) provides a pain free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Arthrodesis of the metacarpal phalangeal joint of the thumb gives reliable results, with high patient acceptance, but does not result in an entirely normal thumb or hand function. The injured worker's left hand grip strength was significantly decreased when

compared to the right and the injured worker had pain to the left hand which was exacerbated with activity and was worsening. The x-ray report dated 01/09/2014 revealed osteoarthritis, second and third distal interphalangeal joints. There is a lack of documentation regarding failure of 6 months of conservative therapy to warrant an arthrodesis. Additionally, the request does not indicate left or right arthrodesis. Therefore, the request is not medically necessary.

**Predisposition Genetics drug test.: 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 chapter. Genetic testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Genetic testing for potential opioid abuse.

**Decision rationale:** The request for Predisposition Genetics drug test is not medically necessary. The injured worker had a predisposition genetic drug test performed 01/23/2014. The Official Disability Guidelines do not recommend genetic drug testing for potential opioid abuse. 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 guidelines do not recommend genetic testing for potential opioid abuse, and therefore, the predisposition genetic drug test is not appropriate at this time.