

Case Number:	CM14-0123263		
Date Assigned:	08/08/2014	Date of Injury:	09/28/1999
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 injured worker is a 69 year old male who sustained an injury on 09/28/99. No specific mechanism of injury was noted. The injured worker was followed for chronic pain in the left shoulder with reduced capacity for lifting and grasping objects. Medications included Nucynta 75mg four times a day. The injured worker had prior right shoulder arthroscopy in 01/05. Clinical record dated 06/30/14, noted other medications including Celebrex 200mg daily and Nexium. On physical examination there was loss of range of motion in the right shoulder versus the left and mild weakness in the right hand. No sensory loss was identified. The injured worker was recommended to continue with Nucynta and genetic testing to identify enzymes in the body use to metabolize opiate medications in order to better guide opiate selection for the injured worker. The injured worker had no aberrant drug related behavior or any significant side effects from current medications. The requested urine drug screens four per year and genetic testing was denied by utilization review on 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (x4 per year): 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).

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

Decision rationale: The request for urine drug screen testing for four per year is not medically necessary. While the injured worker is currently receiving Nucynta for ongoing complaints of shoulder pain the most recent clinical records found no evidence of aberrant drug related behavior or any other significant side effects to support multiple urine drug screens on a yearly basis. At most, the guidelines would recommend one urine drug screen per year for injured workers with low risk factors for medication abuse or diversion. As this injured worker does not present with any indication of aberrant medication use or diversion the amount of urine drug screens, the requested on a yearly basis would not be supported as medically appropriate. As such, this request is not medically necessary.

Genetic testing: 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)- Treatment for Workers' Compensation (TWC).

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

Decision rationale: The request for genetic testing is not medically necessary. Genetic testing is not recommended by guidelines as its overall efficacy has not been well established in the clinical literature. The results from genetic testing to select appropriate narcotic medications has not been established versus standard means of determining most appropriate medications to address chronic pain in the injured worker. Given the guidelines lack of recommendations for this type of testing, this request is not medically necessary.