

Case Number:	CM14-0135453		
Date Assigned:	08/29/2014	Date of Injury:	06/04/2004
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 71-year-old female with a reported date of injury on 06/04/2004. The medical records were reviewed. The mechanism of injury was not listed in the records. The diagnoses included cervical instability, lumbar radiculopathy, and cervicogenic headaches. The past treatments included pain medication, physical therapy, and an H wave. There was no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 06/24/2014 included low back pain that was rated 5/10 to 6/10. The objective physical examination noted decreased lumbar range of motion and tenderness to palpation with muscle spasm to the lumbar paravertebrals. The medications included Soma, Tizanidine, Norco, and Terocin topical cream. The treatment plan was to refill Norco, order a urine drug screen and genetic testing. A request was received for urinalysis testing and genetic testing. The rationale for the request was to assess compliance and assess for aberrant behavior. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis testing: Overturned

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; Urine Drug testing

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

Decision rationale: The request for urinalysis testing is medically necessary. The California MTUS Guidelines recommend drug testing as an option to assess for the presence of illegal drugs, monitored for aberrant behavior, and to monitor for compliance. The injured worker has chronic pain and is on an opioid medication, Norco. As the injured worker is on an opioid medication, the request is supported by the evidence based guidelines. As such, the request is medically necessary.

Genetic testing: 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 (ODG), Pain, Genetic testing for potential opioid abuse

Decision rationale: The request for genetic testing is not medically necessary. The patient has chronic pain. The Official Disability Guidelines state that genetic testing for potential opioid abuse is not recommended. As genetic testing is not recommended, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.