MAXIMUS Federal Services

Case Number:	CM14-0158147		
Date Assigned:	10/01/2014	Date of Injury:	10/24/2004
Decision Date:	12/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 37 year-old male who injured his back and right knee on 10/24/04. He complained of right knee pain. He had tender right knee with crepitus, normal sensation and reflexes. He was diagnosed with lumbar disc disease, lower extremity radiculopathy, lumbar strain, osteoarthrosis of lower leg, internal derangement of right knee, chondromalacia of the right patellofemoral joint, and arthritis of the right knee. He was referred to physical therapy. He had lumbar spine surgery for fusion in 2009, hardware removal in 2011, and right knee arthroscopic surgery in 1/2012. He had fallen in 1/2012 and broke his wrist for which he had wrist surgery in 10/2012. He had lumbar epidural steroid injection. He had a cortisone injection. He had viscosupplementation injections to his right knee in 9/2013 with several months of significant improvement in pain. He was taking Norco and had constipation as a result. He also used Omeprazole, Naprosyn, Cyclobenzaprine, Lorazepam, Gabapentin, and Cymbalta. The request is for a urinalysis and DNA/Pharmacogenetics test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered medically necessary. The patient is on chronic Norco and should be evaluated with a urine drug screen to make sure patient is not on other medications not prescribed by the physician as well as taking her Norco. There are no documented urine drug screens in the chart and her last one is unknown. The 4 A's of monitoring chronic opioid use require the documentation of no aberrant behavior, of which the urine drug screen is essential. Therefore, it is reasonable and medically necessary to perform a urinalysis.

DNA / Pharmacogenetics Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request is considered not medically necessary. ODG guidelines were used because MTUS did not address this. The use of pharmacogenetic testing to evaluate the rate of opioid metabolism or to check for abuse is not recommended in the clinical setting. Controlled trials are needed to evaluate its utility in clinical medicine. Evaluation of abuse potential is done through CAGE questionnaire and other screening methods. The request is not medically necessary.