MAXIMUS Federal Services

Case Number:	CM14-0023285		
Date Assigned:	05/14/2014	Date of Injury:	06/08/2009
Decision Date:	07/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 a licensed Psychologist 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:

This is a 65-year-old male with a 2009 date of injury. The diagnoses listed include acetabular fracture, contusion, status post fracture of the medial malleolus, and sleep disorder. The patient has been treated for these conditions and low back pain. 8/23/11 medicolegal report describes a need for future medical treatment.There is a urine drug screen dated 6/9/13 listing medications including acetaminophen, hydrocodone, and hydromorphone that were all positive.9/4/13 progress report describing the need for L4-5 and L5-S1 decompression and fusion. The patient is status post interbody fusion 6/8/13. No specific subjective complaints or VAS scores.7/4/13 laboratory CBC and comprehensive metabolic panel was reviewed.10/2/13 progress report does not describe any specific subjective complaints. The recommendation is to follow-up with orthopedic and pain management for narcotic dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Biosciences Narcotics Risks Laboratory Test: 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).

Decision rationale: The prior adverse determination was reviewed specifically for the narcotic risk assessment test. The California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines do not specifically address DNA testing for opiate risk. Official Disability Guidelines (ODG) states that Genetic testing for potential opiate risk is not recommended. Current research is experimental in terms of testing for this. Studies are inconsistent. As per the referenced guidelines, there has not been any provision of additional medical records to overturn the guideline recommendations. As it is considered a rapidly evolving technology, the request remains unsubstantiated.

Ibuprofen 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Regarding the ibuprofen, the prior adverse determination was reviewed. The California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines states that anti-inflammatories are recommended at the lowest dose for the shortest period of time in patient's with moderate-severe pain. Long-term use may lead to renal or hepatic or gastric complications and perhaps cause hypertension. Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. It is noted that the patient was on several other medications including hydrocodone and hydromorphone and Tylenol. Review of the notes do not include any visual analog scale scores, no discussions of the medications, and long-term treatment with anti-inflammatories, specifically 1.8 g of ibuprofen a day for a 2009 date of injury is not recommended.