

Case Number:	CM14-0034487		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2010
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 46 year old female who was injured on 05/24/2010. The mechanism of injury is unknown. Prior medication history included gabapentin, nucynta, and Norco. Prior treatment history has included injection to the wrist which did not provide her with relief. The patient has been treated with cortisone injections on 03/23/2011, 07/28/2011, 07/24/2011, and 04/04/2013. Pain management note dated 12/13/2013 indicates the patient presented with complaints of pain in bilateral wrists and hands which she described as aching, tingling, and sharp in nature. She rated her pain as 7-8/10 and remains unchanged. Her activities of daily living scores are 10/10 for general activity and 8/10 for normal work. On note dated 02/07/2014, her symptoms remain unchanged. Her diagnoses are bilateral carpal tunnel release wrist flexor tenosynovectomy, neurolysis, left thumb stenosing tenosynovitis. Prior utilization review dated 03/11/2014 Saliva DNA Testing x1 Qty: 1.00 is not authorized as medical necessity has not been established. The request for IV Therapy (Injection, unsteady agent) to right hand/wrist 2x1 (2 sessions) Qty: 2.00 is not authorized as is it not established what specific agent is to be utilized in the proposed therapy. Vitamin D3 5000 units, 3 po M, W, F, (45,000 units/wk) Qty: 9.00 is not authorized as there is no evidence documented that suggests the patient has a lack of vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saliva DNA Testing x1 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic Testing for Opioid Abuse.

Decision rationale: This is a request for saliva DNA testing (██████ Narcotic Risk Genetic Profiles Test) to determine genetic risk of opioid abuse for a 46 year old female injured on 5/24/10 with chronic bilateral hand and wrist pain. However, while screening may be of benefit prior to initiating opioid therapy, this patient has already taken Nucynta and Vicodin on a chronic basis. As such it is unclear how additional information from a genetic test would be of benefit or change the course of care. Further, while MTUS guidelines recommend screening patients for risk of abuse or aberrant behavior prior to initiating opioid therapy, DNA testing is not specifically endorsed. Also, Official Disability Guidelines (ODG) guidelines specifically state genetic testing for potential opioid abuse is not recommended. Medical necessity is not established

IV Therapy (Injection, unsteady agent) to right hand/wrist 2x1 (2 sessions) Qty: 2.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: This is a request for IV therapy for the right hand/wrist for 2 sessions for a 46 year old female injured on 5/24/10 with chronic bilateral hand and wrist pain. However, medical records do not specify the medication to be administered such that medical necessity cannot be established.

Vitamin D3 5000 units, 3 po M, W, F, (45,000 units/wk) Qty: 9.00: 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), Vitamin D Other Medical Treatment Guideline or Medical Evidence:
<http://www.nlm.nih.gov/medlineplus/ency/article/003490.htm>.

Decision rationale: This is a request for Vitamin D3 oral therapy for a 46 year old female injured on 5/24/10 with chronic bilateral hand and wrist pain. According to ODG guidelines, Vitamin D supplementation may be recommended in chronic pain patients if necessary.

However, medical records fail to establish Vitamin D deficiency. No Vitamin D levels are provided. Medical necessity is not established.