

Case Number:	CM14-0056556		
Date Assigned:	07/09/2014	Date of Injury:	10/26/2012
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 injured worker is a 53-year-old male who reported an injury on 10/26/2012. The mechanism of injury was not specifically stated in the medical records. His diagnoses include internal derangement of the bilateral knees and bilateral shoulders, lumbar discopathy and bilateral elbow epicondylitis. His medications were noted to include Norco. His previous treatments were noted to include a right shoulder surgery, home exercises and Synvisc injections to the right knee. A request was made for retrospective review of the drug metabolism test performed on 01/16/2014. However, a clinical note from this time with a rationale and request for authorization form was not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review, (DOS: 01/16/2014), Drug Metabolism Test.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, 7/18/2009 Page(s): 43. Decision based on Non-MTUS Citation ODG Guidelines: Opioids, differentiation: dependence and addictive, criteria for use.

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: According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended as current research is experimental, and studies have been inconsistent on this type of testing. The clinical information submitted for review indicated that the injured worker has chronic pain in multiple body parts and is utilizing opioid medications. However, as drug metabolism and genetic testing for opioid abuse are not supported based on a lack of evidence of efficacy, the requested service is not supported. Therefore, the request is not medically necessary.