

Case Number:	CM14-0065981		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2013
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old male who sustained injuries to his right knee and left upper extremity on 10/17/13. The doctor's first report of occupational injury or illness was handwritten and illegible. The mechanism of injury was not documented. The handwritten and brief recent progress report dated 04/09/14 reported that the injured worker complained of wrist pain with associated numbness and tingling, right knee pain and right shoulder pain. There was no documentation of current medications. Topical analgesics and Naproxen were previously utilized. The remainders of the clinical notes submitted for review were handwritten and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for Toxicology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing.

Decision rationale: The request for urinalysis for toxicology is not medically necessary. The previous request was denied on the basis that progress notes do not indicate current medications

and in particular, there was no documentation of narcotics or suspected use of illegal drugs; therefore, the need for urine drug screening was not indicated as medically necessary. The ODG states that urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. There was no information provided that would indicate the injured worker has demonstrated any illicit behavior, was not taking medications as prescribed and there were no documented deficiencies with misuse of prescription medications. There was no information provided that would indicate the injured worker is on any narcotic medications that would require urine drug screening. Given this, the request for urinalysis for toxicology is not indicated as medically necessary.

Non-Invasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Office visits.

Decision rationale: The request for non-invasive DNA test is not medically necessary. The prior request was denied on the basis that although studies demonstrate an association between genetic defects and requirements for high opioid dosages/addiction, causal association is not established. Additionally, there was no indication of failure to wean the injured worker off medications; therefore, the request was not deemed as medically necessary. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for non-invasive DNA test is not indicated as medically necessary.