

Case Number:	CM14-0076757		
Date Assigned:	07/18/2014	Date of Injury:	01/13/2003
Decision Date:	09/29/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/27/2014

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 55 year old male who reported an injury to his low back as a result of a motor vehicle accident. The QME dated 04/25/07 indicated the injured worker stating the initial injury occurred in 1979 with a flare up of pain in 1985. The injured worker previously underwent chiropractic manipulation to address low back complaints. The AME dated 11/02/11 indicated the injured worker complaining of neck pain and back pain. The injured worker had recent slip and fall on some diesel fuel that was left on the ground. The injured worker reported a pop in the low back thereafter. The injured worker underwent overnight detoxification program and was able to reduce his medication intake. The injured worker continued with complaints of low back pain. The injured worker previously underwent L5-S1 discectomy. The injured worker also underwent L3-4 and L4-5 fusion with instrumentation. A clinical note dated 10/29/12 indicated the injured worker demonstrating 5/5 strength at the lower extremities. No reflex deficits were identified. A clinical note dated 04/10/13 indicated the injured worker utilizing Oxycontin, Oxycodone, Soma, Trazodone, Xanax, Valium, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 genetic metabolism 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 Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for genetic metabolism test is not considered as medically necessary. The injured worker utilized extensive list of pharmacological interventions to address ongoing complaints of neck pain and low back pain. However, no high quality studies have been published in peer reviewed literature supporting the use of genetic metabolism testing. Therefore, this request is not indicated as medically necessary.

1 genetic opioid risk 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 (chronic) Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for genetic opioid risk test is not considered as medically necessary. No high quality studies in published peer reviewed literature support the safety and efficacy of genetic testing. Given this, the request is not indicated as medically necessary.

1 prescription of Oxycodone 30 mg # 105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate

evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication is not established at this time.

1 rapid detox program: 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 (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Rapid deto.

Decision rationale: A gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Given the efficacy associated with a gradual weaning, this request is not indicated as medically necessary.