

Case Number:	CM14-0080902		
Date Assigned:	07/18/2014	Date of Injury:	06/10/2002
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 56-year-old female with a reported date of injury on 06/10/2002. The mechanism of injury was due to continuous trauma. Her diagnoses were noted to include bilateral carpal tunnel syndrome, status post surgical release, complex regional pain syndrome at the bilateral upper extremities, status post cervical spinal cord stimulator implant, and complicated psychological issues. Her previous treatments were noted to include spinal cord stimulator and medications. The progress note dated 05/02/2014 revealed the injured worker complained her average pain was 8/10. The injured worker indicated the swelling of both hands was fluctuating and it would happen every 2 to 3 days. The injured worker reported otherwise she had been doing relatively fine with pain management and that she had lost the remote control for the spinal cord stimulator, so she had been unable to use it. The injured worker indicated she had been doing fine on the MS Contin, Oxy IR, and Valium with reasonable pain relief. The physical examination to the upper extremities demonstrated typical complex regional pain syndrome with change with redness and edema. There was allodynia to light touch and range of motion. There was weakness with the grip bilaterally and hypersensitivity and allodynia was noted to both upper extremities. The Request for Authorization form was not submitted within the medical records. The request was for a retroactive MSIR 30 mg quantity 90 for pain and retroactive pharmacogenomics test panel for pain medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive MSIR 30mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 2010. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status of activities of daily living with the use of medications. There is lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. The Official Disability Guidelines recommend 100 morphine equivalent dosage per day for opioid use. The combination of MSIR and MS Contin exceed guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for MSIR 30mg is not medically necessary.

Retroactive Pharmacogenomic Test Panel: 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, Genetic testing for potential opioid abuse.

Decision rationale: The request for retroactive pharmacogenomic test panel is non-certified. The injured worker has been utilizing opioids since at least 2010. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be a strong genetic component to addictive behavior, current research is experimental in testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definitions of control. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia. This is unlikely to occur. The guidelines do not recommend genetic testing for potential opioid abuse and the injured worker has been utilizing this medication for 4 years,

and thereby genetic testing for potential abuse is not medically necessary. Therefore, the request for Pharmacogenomic Test Panel is not medically necessary.