

Case Number:	CM14-0089659		
Date Assigned:	07/23/2014	Date of Injury:	04/01/2011
Decision Date:	10/01/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on April 1, 2011. The mechanism of injury is noted as opening a door while carrying a heavy basket. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of low back pain and right knee pain. Current medications include Norco, Effexor , and omeprazole. The physical examination demonstrated tenderness over the lumbar spine. Trigger points were identified. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and oral medications. A request had been made for a genetic drug metabolism test, a genetic opioid risk test, Effexor, and omeprazole and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic drug metabolism test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cytokine DNA Testing, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines DNA testing is not recommended. It was stated that there is no current evidence to support the use of DNA testing for the diagnosis of pain including chronic pain. As such, this request for a genetic drug metabolism test is not medically necessary.

Genetic opioid risk test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cytokine DNA Testing, Updated September 10, 2014

Decision rationale: According to the Official Disability Guidelines DNA testing is not recommended. It was stated that there is no current evidence to support the use of DNA testing for the diagnosis of pain including chronic pain. As such, this request for a genetic drug metabolism test is not medically necessary.

Effexor refills on a monthly basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: Effexor is a medication intended for treatment of depression, anxiety, as well as neuropathic pain.. A review of the attached medical record reveals that this medication is indicated for the injured employee. However there is no dosage or quantity attached to this request. As such, this request for Effexor is not medically necessary.

Omeprazole refills on a monthly basis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The injured employees prescribed anti-inflammatory medications however there is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk

factor for potential gastrointestinal complications as outlined by the MTUS. Additionally no dosage and quantity is indicated. Therefore, this request for Prilosec is not medically necessary.