

Case Number:	CM14-0099486		
Date Assigned:	07/28/2014	Date of Injury:	02/28/2001
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/28/2014

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 Occupational 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:

This is a 54-year-old female with a 2/28/01 date of injury. The mechanism of injury was not noted. According to a 7/22/14 progress note, the patient stated that her pain level was an 8/10 on a pain scale of 0-10. She stated that she had filled Percocet from two different providers and the primary treating provider has started to wean her off of Percocet. Objective findings included the patient moves functionally, cervical range of motion is functional, moves the lower back without difficulty and transfer and gait are normal. The diagnostic impression included postlaminectomy syndrome lumbar region, lumbago, and spasm of muscle. The treatment to date includes medication management, activity modification and physical therapy. A UR decision dated 6/25/14 modified the request for Percocet 5/325 mg #90 with 1 refill to Percocet 5/325 mg #90 with zero refills and denied the request for saliva genetic testing. The rationales for modification and denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although it is documented that Percocet decreases the patient's pain level significantly, there is no specific documented improvement in functional capacity or in activities of daily living as a direct result of the medication. In addition, according to the reports reviewed, it is documented that a controlled substance utilization review and evaluation system report indicated that the patient has been receiving Percocet from different providers. The primary treating physician has decided to decrease her prescription of Percocet with a goal of weaning the medication. It is unclear why the provider is requesting Percocet at this time, including a refill, when he has clearly stated that he plans to wean the patient off the medication. Therefore, the request for Percocet 5/325mg #90 with 1 refill was not medically necessary.

Saliva genetic testing: 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.

Decision rationale: The California MTUS does not address this issue. The ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. A specific rationale identifying why saliva genetic testing is required in this patient despite the lack of guideline support was not provided. Therefore, the request for Saliva genetic testing was not medically necessary.