

Case Number:	CM14-0180436		
Date Assigned:	11/05/2014	Date of Injury:	08/22/1997
Decision Date:	01/05/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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:

The patient is a 43-year-old female who has submitted a claim for lumbar radiculitis, right sciatica, myofascial syndrome, chronic pain syndrome, narcotic dependence, neuropathic pain, and lumbar radiculitis associated with an industrial injury date of 8/22/1997. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity rated 10/10 in severity and relieved to 8/10 with medications. There was pain exacerbation because she had to work for 16 hour shifts. She is a certified nursing assistant and her job consisted of providing patient's personal hygiene, assisting patients to ambulate towards the bathroom, feeding patients, and monitoring of vital signs. Physical examination showed antalgic gait, limited lumbar motion, trigger points and tenderness over the paralumbar muscles, weak right lower extremity muscles and positive straight leg raise test on the right. Urine drug screen from 9/12/2014 showed consistent result with prescription medications. Treatment to date has included lumbar epidural steroid injection, physical therapy, chiropractic care, TENS unit, Nucynta, Norco, Theramine and Gabadone. Progress report from 9/29/2014 cited discontinuation of Theramine and Gabadone prescriptions. The request for one-time saliva DNA testing is to assess the patient's predisposition to prescription narcotic addiction/dependence. The utilization review from 9/29/2014 denied the requests for Gabadone #60 for duration of 2 months, Theramine #120 for the duration of 2 months, baseline functional capacity evaluation and one-time saliva DNA testing. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline functional capacity evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 and on the Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, the patient is a certified nursing assistant and her job consisted of providing patient's personal hygiene, assisting patients to ambulate towards the bathroom, feeding patients, and monitoring of vital signs. She complained of low back pain radiating to the right lower extremity rated 10/10 in severity and relieved to 8/10 with medications. There was pain exacerbation because she had to work for 16 hour shifts. However, there is no documented rationale for baseline functional capacity evaluation. There is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. The recent complaint of pain exacerbation is only due to extended time at work and not due to difficulty in performing her job duties. The medical necessity cannot be established due to insufficient information. Therefore, the request for baseline functional capacity evaluation is not medically necessary.

One time saliva DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

Decision rationale: Page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, ODG states that genetic testing for potential opioid 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. In this case, the patient has a history of narcotic dependence. The documented rationale for one-time saliva DNA testing is to assess the patient's predisposition to prescription narcotic addiction / dependence. However, there is no assessment concerning recent aberrant drug behavior. In fact,

urine drug screen from 9/12/2014 showed consistent result with prescription medications. There is no discussion concerning genetic predisposition towards addiction and opioid tolerance. The medical necessity has not been established. Therefore, the request for one-time saliva DNA testing is not medically necessary.

Gabadone #60 for duration of 2 months: 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 Official Disability Guidelines (ODG) Pain chapter, GABAdone

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The Official Disability Guidelines also state that GABAdone is not recommended as it is a medical food. It is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patient who are experiencing anxiety related to sleep disorders. In this case, the patient is prescribed Gabadone for insomnia. However, there is no documentation regarding sleep hygiene or nutritional deficiencies to support the request. Moreover, progress report from 9/29/2014 cited discontinuation of Gabadone prescription. Therefore, the request for GABAdone #60 for duration of 2 months is not medically necessary.

Theramine #120 for duration of 2 months: 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 Official Disability Guidelines (ODG), Pain (Chronic), Theramine

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Pain section was used instead. ODG states that Theramine is a medical food that is a proprietary blend of GABA (gamma-aminobutyric acid) and choline bitartrate, L-arginine and L-serine that is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. However, it remains not recommended by the guidelines. In this case, Theramine is prescribed for neuropathic pain. However, there is no documentation regarding nutritional deficiencies to support the request. Moreover, progress report from 9/29/2014 cited discontinuation of Theramine prescription. Therefore, the request for Theramine #120 for duration of 2 months is not medically necessary.

