

Case Number:	CM14-0199400		
Date Assigned:	12/09/2014	Date of Injury:	10/24/2006
Decision Date:	01/30/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/28/2014

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 Physical Medicine Rehab 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 underlying date of injury in this case is 10/24/2006. The Utilization Review under appeal is dated 10/30/2014. On 11/20/2014, the patient was seen for an office visit with a history of bilateral knee pain. The diagnoses included a history of three knee surgeries, insomnia, obesity, and depression. The patient was noted to have a history of moderately severe patellofemoral osteoarthritis and was 9 months status post a right total knee replacement. The treating physician noted that the patient had medication intolerance issues, which were encountered preoperatively in the medication Xartemis as a drug profile within her demonstrated personal tolerance. A buccal smear/enzyme testing was recommended to more clearly identify on a patient specific basis which medications were an alternative that would likely be well tolerated for this specific patient going forward. The treatment provider noted that a recent request for Xartemis was denied given the lack of stated functional goals. The treating provider states that the patient has been placed on opioid contact with a goal of 30 minutes of daily recreational exercise such as walking, pool exercise, and physical therapy regimen. Her current goals include 30 minutes of exercise daily, as well as house-keeping and cooking, and activities of daily living. The treating physician submitted a separate appeal letter via fax on 11/26/2014. That letter clarifies that the patient had difficulty with short-acting narcotics controlling her pain adequately to allow her to walk and exercise and to do her home exercise program on a daily basis. The treating physician additionally restated the information in the prior office note regarding the goals of the buccal smear/enzyme testing, and the patient's specific functional goals of exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis XR 7.5/325 mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records and the appeal letter from the treating physician do very specifically address these four A's of opioid use in terms of establishing specific functional goals for this patient upon which opioid treatment has been titrated. These guidelines have been met. This request is medically necessary.

Xartemis XR 7.5/325 mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records and the appeal letter from the treating physician do very specifically address these four A's of opioid use in terms of establishing specific functional goals for this patient upon which opioid treatment has been titrated. These guidelines have been met. This request is medically necessary.

Xartemis XR 7.5/325 mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records and the appeal letter from the treating physician do very

specifically address these four A's of opioid use in terms of establishing specific functional goals for this patient upon which opioid treatment has been titrated. These guidelines have been met. This request is medically necessary.

Pain and psyche panel DNA saliva test/buccal smear: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 42.

Decision rationale: California Medical Treatment Utilization Schedule section on cytokine DNA testing states "Not recommended... There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." The stated goals the physician reports of utilizing testing to determine which medications the patient is likely to tolerate is not likely to be clinically effective based on the treatment guidelines. The records do not further clarify how these goals would be accomplished with the results of the requested testing. This request is not medically necessary.