

Case Number:	CM14-0200071		
Date Assigned:	12/10/2014	Date of Injury:	11/04/2011
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 62 year old patient with date of injury of 11/04/2011. Medical records indicate the patient is undergoing treatment for left shoulder pain and left wrist pain. Subjective complaints include left shoulder and wrist pain rated 7/10. Objective findings include limited range of motion in left shoulder; positive Neers, Hawkins and crepitus. EMG-NCV dated 09/30/2014 reveal incidental finding of right carpal tunnel syndrome. MRI of left shoulder dated 06/24/2014 revealed high grade partial thickness tear of the mid through anterior humeral surface fibers of the supraspinatus tendon with approximately 3mm of medial retraction of the torn fibers. Treatment has consisted of physical therapy, activity modifications, wrist splint, acupuncture, cortisone injections and extracorporeal shockwave therapy. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Retrospective request for Chromatography, DOS 9/30/14 and Retrospective request for Prilosec 20 mg # 30, DOS 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography, DOS 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid, Genetic testing for potential opioid abuse

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. Additionally, Official Disability Guidelines specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and "While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this." The treating physician has not provided rationale for the requested drug screen. There is no documentation to indicate this patient has suspicious behavior for illicit drug use, prescription abuse or medication diversions. As such, the retrospective request for Chromatography, DOS 9/30/14 is not medically necessary.

Retrospective request for Prilosec 20 mg # 30, DOS 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the retrospective request for Prilosec 20 mg # 30, DOS 9/30/14 is not medically necessary.