MAXIMUS Federal Services

Case Number:	CM14-0207775		
Date Assigned:	12/19/2014	Date of Injury:	03/31/1997
Decision Date:	03/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53-year-old female who reported an injury on 03/31/1997. The injury reportedly occurred when the injured worker "miss-stepped" while walking. Her past treatments were noted to include medications, epidural steroid injections, acupuncture therapy, and physical therapy. On 11/25/2014, the injured worker reported lower back pain and bilateral leg and foot numbness. It was noted that the treating physician indicated her current CURES report dated 11/24/2014 was consistent for medications and provider. Additionally, it was noted that the last urine drug screening was consistent for hydrocodone. It was noted the injured worker had a urine drug screening on 07/18/2014 which was consistent with the reported medications, including Norco. It was also noted that the injured worker had previous PGT testing. The treating physician indicated the injured worker was a hyper-metabolizer of hydrocodone cyp2d6 phenotype. Upon physical examination, the injured worker was noted to have iliolumbar tenderness on flexion at the waist to the knee and on extension. Her current medications were noted to include Norco and clonazepam; however, the frequency and dosage were not provided. The treatment plan included medications. A request was submitted for Norco 10/325 mg #180 and 1 pharmacogenomics (PGT) testing; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for Chronic Pain; Weaning of Me.

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

Decision rationale: The request for Norco 10/325 mg, #180 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review does provide evidence of consistent urine drug screens, verifying appropriate medication use. However, there was no indication that the opioid provides pain relief nor did it indicate that it helps increase her ability to perform activities of daily living. Based on the documentation, the use of the opioid would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request is not medically necessary.

1 Pharmacogenomics (PGT) 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 (ODG), Pain (Chronic), Pharmacogenetic Testing, Opioid Metabolism

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

Decision rationale: The request for 1 pharmacogenomics (PGT) testing is not medically necessary. The Official Disability Guidelines do not recommend pharmacogenomic testing except for in a research setting. The treating physician did not provide a rationale for the PGT testing. Additionally, there was no indication that the request was for research. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.