

Case Number:	CM15-0004076		
Date Assigned:	01/15/2015	Date of Injury:	05/30/2002
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 51-year-old male who reported an injury on 05/31/2012 due to an unspecified mechanism of injury. On 12/01/2014, he presented for a followup evaluation and a medication refill. He reported experiencing bilateral left greater than right knee pain that had persisted throughout the day and was worse with weight bearing. His medications included Ambien 10 mg, oxycodone 20 mg, tramadol ER 100 mg, and Soma 350 mg. He stated that with his medications he was able to complete his activities of daily living. He was also noted to be taking Protonix and Naprosyn. A physical examination was not performed. It was noted that the importance of narcotic analgesic monitoring was discussed with the injured worker. The treatment plan was for molecular testing. It is indicated that the rationale was to monitor compliance of the injured worker's medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain Page(s): 42.

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

Decision rationale: Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. He was noted to be taking multiple medications that do require monitoring. However, the California MTUS Guidelines only indicate the need for urine drug screens to monitor compliance. No rationale was provided for the medical necessity of molecular testing to monitor compliance, and therefore, the request would not be supported. As such, the request is not medically necessary.