

Case Number:	CM15-0014219		
Date Assigned:	02/02/2015	Date of Injury:	05/04/2010
Decision Date:	04/07/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/26/2015

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, 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 67-year-old male who reported an injury on 05/04/2010. The mechanism of injury was not provided. His past treatments were noted to include home exercise and medications. The injured worker was seen on 01/06/2015 for follow-up. His symptoms were noted to include a pain level of 3/10. However, the specific area of pain was not noted. The physical examination revealed decreased range of motion of the bilateral shoulders, thoracic spine and lumbar spine. He also had a positive McMurray's test at the left knee. Tenderness was noted upon palpation of the upper back, mid back, lower back, neck, right upper extremity, left upper extremity, and left lower extremity. His diagnoses were listed to include cervical radiculopathy, unspecified back disorder, headache, anxiety, lumbago, and post concussion syndrome. The treatment plan included continue medications and home therapy. It was also noted that a 1 time PROOVE drug metabolism test was ordered as the injured worker continued to experience difficulty with daily function despite long term use of medications. The injured worker's specific medication list was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 time PROOVE drug metabolism lab test via saliva: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: According to the Official Disability Guidelines, genetic testing for patients with chronic pain is not recommended as studies have been inconsistent and more information is needed to verify the rule of this type of testing for chronic pain populations. The injured worker was noted to have chronic pain despite multiple medications. However, the medications he is currently taking were not specifically noted in the documentation and there was no documentation regarding whether he had had aberrant behavior or inconsistent drug screens to warrant additional testing. Moreover, the guidelines do not recommend DNA testing at this time. For these reasons, the request is not medically necessary.