

Case Number:	CM15-0193164		
Date Assigned:	10/07/2015	Date of Injury:	04/23/2012
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 36 year old male, who sustained an industrial-work injury on 4-23-12. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbago, lumbosacral neuritis, lumbosacral disc degeneration. Treatment to date has included medication, ESI (epidural steroid injections), physical therapy, and diagnostics. Currently, the injured worker complains of back and bilateral lower extremity pain rated at 7 out of 10 and unchanged. Current medication includes Norco and Butrans patch. Per the primary physician's progress report (PR-2) on 8-31-15, exam noted chronic L5-S1 radiculopathy and peripheral neuropathy. Per the AME (authorized medical exam) dated 4-20-15, review of the date for 1-7-14 noted pain in the neck, upper and lower back, bilateral upper and lower extremities and right knees, no change in physical examination or diagnosis, no change in plan. By 1-14-14, it was noted that the last three urine toxicology screens were negative. Butrans and Norco were prescribed. Interventional therapy has been ineffective. He was returned to regular duty. Current plan of care includes surgical specialist. The Request for Authorization requested service to include Retrospective outpatient narcotic lab test (DOS: 01/07/2014). The Utilization Review on 8-27-15 denied the request for Retrospective outpatient narcotic lab test (DOS: 01/07/2014) per Official Disability Guidelines (ODG) Pain, chronic (updated 07/15/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient narcotic lab test (DOS: 01/07/2014): 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 (updated 07/15/2015).

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.

Decision rationale: This 36 year old male has complained of back pain, neck pain and knee pain since date of injury 4/23/12. He has been treated with physical therapy, epidural steroid injections and medications. The current request is for a retrospective outpatient narcotic lab test (DOS 1/07/2014). Per the ODG guidelines cited above, pharmacogenetic testing is not recommended except in the setting of research. The available medical records do not indicate a research setting nor do they clearly state the provider rationale for obtaining the requested testing. On the basis of the available medical records and per the guidelines cited above, retrospective outpatient narcotic lab test (DOS: 01/07/2014) is not medically necessary.