

Case Number:	CM15-0036527		
Date Assigned:	03/05/2015	Date of Injury:	04/26/2013
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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

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 52-year-old male, with a reported date of injury of 04/26/2013. The diagnoses include low back pain, cervical musculoskeletal disorder, cervical neuritis/radiculopathy, shoulder tenosynovitis, closed fracture of the calcaneus, tarsal tunnel syndrome, and thoracic or lumbosacral neuritis or radiculitis. Treatments have included acupuncture and topical pain medications. The progress report dated 01/20/2015 indicates that the injured worker had low back pain and neck pain. He rated the pain 5 out of 10, and his range of motion had improved since the last visit. The objective findings include tenderness to palpation of the neck, abnormal cervical range of motion, numbness in the upper extremity, abnormal right shoulder range of motion, abnormal lumbar thoracic spine range of motion, tenderness to palpation over the bilateral paraspinal area, positive bilateral straight leg raise test, and tenderness over the calcaneal tibular ligament. The treating physician requested a drug metabolism test. The rationale for the request was not indicated. On 02/11/2015, Utilization Review (UR) denied the request for a drug metabolism test, noting that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The MTUS Guidelines, the ACOEM Guidelines, and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Metabolism Test: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient presents with chronic left ankle and left leg pain. The current request is for DRUG METABOLISM TEST. The Request for Authorization is not provided in the medical file. The MTUS Guidelines page 76 under opiate management: "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The patient's medication regimen includes eight different types of topical compound cream, cyclobenzaprine, multiple NSAIDs, Prilosec and Somnicin. There is no discussion as to why a urine drug screening is being requested as this patient is not taking any opiates. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. Given this patient is not on an opiate regimen, this request IS NOT medically necessary.