

Case Number:	CM14-0118257		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2012
Decision Date:	09/30/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 57 year-old individual was reportedly injured on 4/10/2012. The mechanism of injury is not listed. The most recent progress note, dated 5/21/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated: patient emulates with an antalgic gait and uses a cane due to instability. Right knee: positive tenderness to palpation at the medial collateral ligament on the right. McMurray's causes pain. Range of motion 0-110. Patient is unable to squat rise, tiptoe, and duck walk. Able to heel walk with difficulty. Left knee range of motion 0-120. No recent diagnostic studies are available for review. Previous treatment includes left total knee replacement, right total knee replacement, physical therapy #27, medications, and conservative treatment. A request had been made for Proove narcotic risk test, urinalysis, and was not certified in the pre-authorization process on 6/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove narcotic risk laboratory 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): Pain Chapter, Genetic Testing for Potential Opioid Abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain - (Chronic) - genetic testing for potential opiate abuse (updated 07/10/14).

Decision rationale: Genetic testing for potential opiate abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different population. ODG (Official Disability Guidelines) specifically states genetic testing for potential opiate abuse is not recommended. As such, this request is not considered medically necessary.

Retrospective request for Urine drug screen laboratory testing preformed on 05/21/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary. Also note last urine toxicology screen was performed on 5/21/2014 and was negative for all substances.