

Case Number:	CM14-0160312		
Date Assigned:	10/06/2014	Date of Injury:	01/16/2009
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 49-year-old female who sustained a vocational injury on 01/16/09, while working as a school bus driver. The medical records provided for review documented that the claimant underwent a left shoulder subacromial decompression on 11/02/13 followed by postoperative physical therapy. The office note dated 07/24/14 documented diagnoses of status post L3-L5 posterior lumbar decompression with instrumentation in May 2007, symptomatic retained posterior pedicle screw instrumentation, confirmation of pain relief after implant block, and status post removal of posterior instrumentation. The claimant continued to have pain in the lumbar spine, radiating to the legs, especially on the left. The claimant also had increased pain with adduction and abduction in the left shoulder. Physical examination of the lumbar spine revealed motion to be restricted and guarded, hyperextension of the low back caused radiating pain to the buttocks and posterior thighs, and muscle spasm was present. Straight leg raising was positive on the left in a sitting position as well as a supine position. Straight leg raising was negative to the right in a sitting as well as supine position. She had 5/5 strength of the bilateral lower extremities. The office note did not document that the claimant received narcotic medications. The 04/14/14 office note revealed that the claimant was taking Hydrocodone/Acetaminophen. A urine toxicology screen performed on 06/12/14 was documented as normal and no substances tested came back positive. The 06/27/14 office note also suggested that the claimant continued taking Hydrocodone/Acetaminophen at that time. The current request is for a urinalysis/urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis/Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Procedure Summary-Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 76-77, 85, 89, 94.

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend that drug testing may be considered as an option to assess for the presence of illegal drugs or to assist in compliance with chronic narcotic medication therapy. There is little to no documentation suggesting that the claimant continues to receive narcotic medications or that there are concerns for the presence of illegal drugs currently being utilized. The most recent urine drug screen dated 06/12/14 suggests that the claimant had no narcotic medication in her system. The medical necessity of a repeat urinalysis/urine drug screen has not been clearly established and therefore is not medically necessary.

DNA Pharmacogenetics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter: Cytokine DNA testing.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not support DNA testing or genetic testing for potential opioid abuse as there is no scientific evidence to support its effectiveness. Documentation presented for review fails to establish how DNA pharmacogenetics would change or alter the current course of treatment with regard to this claimant. The medical necessity for this test is not defined and therefore is not medically necessary.