

Case Number:	CM14-0185510		
Date Assigned:	11/13/2014	Date of Injury:	07/22/2005
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 58-year-old male with a 7/22/05 date of injury. According to a progress report dated 10/21/14, the patient reported that his pain level has stayed the same. His CURES report from 10/16/14 was consistent for medications and provider. The provider has requested blood testing, because it shows whether the patient was taking more or less medication than prescribed. Urine drug tests only showed whether the patient was taking their medication recently or used illicit drugs. Objective findings: tenderness over the ileolumbar area, ileolumbar tenderness on flexion at the waist to knee and on extension. Diagnostic impression: posttraumatic stress disorder, degenerative lumbar/lumbosacral disc disease, backache. Treatment to date: medication management, activity modification. A UR decision dated 11/3/14 denied the requests for blood draw for therapeutic levels on pain medications and pharmacogenetic testing for drug addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw for therapeutic levels on pain medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 'Opioid Blood Levels in Chronic Pain Management' -

<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/opioid-blood-levels-chronic-pain-management>

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, the determination of opioid levels in the blood is emerging as an important tool for ensuring the safety, effectiveness, and integrity of opioid analgesic therapy in the treatment of chronic pain. However, in the present case, the requests for Norco and Lorazepam were non-certified in a 10/6/14 UR decision and several prior UR decisions. The patient is not noted to be on any other opioid medications or medications that require monitoring for aberrant behavior. In addition, there is no documentation of medication misuse in this patient. There is documentation that he has had appropriate CURES reports and consistent urine drug screens. Therefore, the request for Blood draw for therapeutic levels on pain medications is not medically necessary.

PGT- Pharmacogenetic testing for drug addiction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines

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 - Genetic Testing

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic 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. However, in the present case, there is no documentation as to how genetic testing would affect the patient's treatment plan. A specific rationale identifying why genetic testing would be required in this patient despite lack of guideline support was not provided. Therefore, the request for PGT- Pharmacogenetic testing for drug addiction is not medically necessary.