

Case Number:	CM14-0092851		
Date Assigned:	09/12/2014	Date of Injury:	03/30/2011
Decision Date:	10/07/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Medicine 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 61-year-old male who reported an industrial injury on 3/30/2011 3 years ago, attributed to the performance of his usual and customary job tasks. The patient was noted to be status post laminectomy at L4-L5 during 1986 and on 5/1/2012 he underwent L45 and L5 S1 laminectomy. The MRI of the lumbar spine documented L5-S1 evidence of diffuse bulging of the annulus; left hemilaminectomy; enhancing granulation tissue within the left lateral recess; L4-L5 with diffuse bulging of the annulus with partial osteophytic ridging; since the prior exam there is been new right hemilaminectomy and partial facetectomy and foraminotomy; no significant right lateral recess stenosis; disc bulge with osteophyte extending into the neural foramen moderately narrows the right and moderately narrows the left neural foramen, which may affect the exiting L4 nerve root within the right neural foramen; L3-L4 with diffuse bulging of the annulus in combination with mild to moderate facet and ligamentum flavum hypertrophy which moderately narrows the canal and slightly narrows the inferior aspect of the neural foramen without nerve root impingement. The patient was initially seen by pain management on 1/12/2014. The follow-up evaluation with pain management documented the prescribed medications of Oxycodone 10 mg five times daily, #150; Ibuprofen 600 mg #60; and Terocin patches. The objective findings on examination included tenderness to the cervical and lumbar spine; antalgic gait; reduced range of motion with pain; grossly normal motor strength; decreased sensation to light touch along the left L4-L5 and L5-S1 regions, decreased sensation to light touch in the left C6 region and positive trigger points with probable twitch in the cervical spine region. The diagnoses included postlaminectomy syndrome; lumbar radiculopathy; cervical degenerative disc disease; and cervical radiculopathy. The treatment plan included a blood test for genetic testing; a blood test for a genetic opioid risk assessment; a lumbar support; and Oxycodone 10 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic 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) Pain: DNA Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-02. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Screening for Risk of Addiction.

Decision rationale: The treating physician has requested a genetic DNA testing evaluating metabolism for drug or for narcotic risk for the patient who is s/p surgical intervention to the lumbar spine with decreased pain and minimal medication use. There is no demonstrated medical necessity to assess for genetic markers for opiate addiction/dependency issues. The prescribed medications are not demonstrated to have a recommendation for the obtaining of genetic metabolism testing or genetic opioid risk testing. There is no demonstrated medical necessity to assess for genetic markers for opiate addiction/dependency issues or for issues related to metabolism of prescribed medications. There is no demonstrated medical necessity for genetic testing of metabolism to contribute to the management of chronic pain issues related to the hands, wrists, and elbows for the cited diagnoses. The treating physician provided no rationale supported with objective evidence to support the medical necessity of genetic testing to evaluate the patient for narcotic risk or for metabolism issues. Given the above, the request for a Genetic Metabolism Test is not medically necessary.

Genetic Opioid Risk 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: DNA Testing Pain Med. 2004 Mar;5(1):81-93. Genetic Testing for Enzymes of Drug Metabolism

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): pages 80-02. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--screening for risk of addiction

Decision rationale: The treating physician has requested a genetic testing for narcotic risk for the patient who is 3 years s/p DOI with surgical intervention to the lumbar spine x2 and reported chronic lower back pain. The CA MTUS does not recommend the prescription of opioids for chronic low back pain. There was no rationale provided to support the medical necessity of the prescribed genetic opioid risk testing or the genetic metabolism testing in relation to the ongoing treatment plan for this patient based on the first few clinical visits for pain management. The patient is prescribed Oxycodone 10 mg #120 contrary to the recommendations of the evidence-based guidelines. The prescribed medications are not demonstrated to have a recommendation

for the obtaining of genetic metabolism testing or genetic opioid risk testing. There is no demonstrated medical necessity for the requested genetic testing for narcotic risk metabolism for this patient. The request for a Genetic Opioid Risk Test is not medically necessary.

Lumbar Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation
http://www.coworkforce.com/dwc/Rules/Rules%202007/New%20MTG/EX_1_Low_Back_Pain.pdf

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter-Lumbar Supports; Back Brace Postoperative

Decision rationale: The patient is 3 years s/p DOI and there is no medical necessity for the requested lumbosacral orthosis or back brace for the treatment of the effects of the industrial injury. There were no stated subjective or objective findings related to the lumbar spine to support the medical necessity of the requested lumbar support or LSO lumbar brace. The patient was documented to have only TTP and reported decreased ROM to the lumbar spine. It was no documented radiculopathy. The provider failed to provide any clinical documentation with objective findings documented to support medical necessity such as instability to the lumbar spine. There were no changes in the clinical status of the patient that would meet the recommended criteria for the use of lumbar supports. The prescribed lumbar support was not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. There was no subjective/objective clinical evidence provided that demonstrated the medical necessity for the prescribed back brace for the treatment of the lower back. The current evidence based guideline treatment recommendations favor active rehabilitation and exercise over the use of lumbar supports/corsets. The request for a Lumbar Back Brace is not medically necessary.