

Case Number:	CM14-0096348		
Date Assigned:	09/15/2014	Date of Injury:	08/30/2007
Decision Date:	10/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maryland. 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 claimant has a history of a work injury with date of injury of 08/30/07. He continues to be treated for right knee and low back pain. He also undergoes paracentesis every 7-10 days due to kidney failure. He was seen by the requesting provider on 02/24/14 with right knee and low back pain. There was a pending orthopedic evaluation for his knee. He was requesting an increase in Oxy IR. Pain was rated at 7/10. Prior treatments had included a right knee meniscectomy in 2008. Physical examination findings included a minimally antalgic gait and lumbar paraspinal muscle tenderness with increased muscle tone. There was decreased and painful lumbar spine range of motion. Medications included Oxy IR 15 mg up to five times per day. Oxy IR was increased up to six times per day. The assessment references the claimant has not exhibiting any aberrant drug related behavior or significant side effects. On 05/23/14 authorization for pharmacogenetic testing for opiate metabolism was requested. Pharmacokinetic testing. On 06/20/14 urine drug screening was performed with results consistent with the claimant's prescribed medications. On 07/21/14 the test results were reviewed. He continued out of work. On 08/19/14 he was being treated for sinusitis. He was having ongoing right knee and low back pain. Oxy IR was refilled up to five times per day. Authorization for urine drug screening four times per year with confirmation testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure (CYP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Independent Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Working Group(2007)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for right knee and low back pain. Treatments have included a right knee meniscectomy. Testing has included urine drug screening in June 2014 showing expected results. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. Additionally, in this case, the claimant's medications are referenced as effective and without side effects. Therefore the requested molecular pathology procedure is not medically necessary.

Orthopedic follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for right knee and low back pain. Treatments have included a right knee meniscectomy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic right knee pain without identified new injury or change in either symptoms or physical examination findings. Therefore, the requested orthopedic follow-up is not medically necessary.