

Case Number:	CM14-0218188		
Date Assigned:	01/07/2015	Date of Injury:	08/18/2006
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 53 year old male who suffered an industrial related injury on 8/18/06. The treating physician's report dated 12/16/14 noted the injured worker had complaints of left shoulder pain, right nonindustrial related shoulder pain, and neck pain. The injured worker underwent left rotator cuff surgery in 2007 with continued left shoulder and neck pain. It was noted imaging studies revealed left shoulder degenerative joint disease with spurring and tendinosis supraspinatus and infraspinatus with a small tear. Diagnoses included post-operative left shoulder pain, chronic pain syndrome, and cervical strain. The physician recommended a screener and opioid assessment for patients with pain scores (SOAPP) + 16 for long term opioid monitoring and pharmacogenomics tests. Regarding long term opioid monitoring, the UR physician noted there was no documentation that this test requires specific authorization as an independent procedure and it is considered a part of the office visit. How the result will affect treatment is not documented. Therefore the request was denied. Regarding pharmacogenomics testing, the UR physician noted the Official Disability Guidelines do not recommend genetic testing for potential opioid abuse as it remains experimental. Therefore the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Screener and Opioid Assessment for Patients with Pain (SOAPP) scores +16 long term opioid monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines Pain (Chronic) updated 11/21/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation SOAPP monitoring recommendations. Accessed on 03/01/2015.
https://www.painedu.org/soapp/SOAPP_Monitoring_Recommendations.pdf

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. Examples of other important steps include a thorough history and a detailed physical examination. The submitted and reviewed records indicated the worker was experiencing shoulder and neck pain. The requested assessments should be included with each visit as a part of the on-going pain management when restricted medications are recommended. For this reason, the current request for Screener for Opioid Assessment for Patients with Pain (SOAPP) and sixteen long-term opioid monitoring is not medically necessary.

Pharmacogenomics Testing (PGT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines-Pain (Chronic) updated 11/21/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tantisira K, et al. Overview of pharmacogenomics. Topic 2904, version 32.0. UpToDate, accessed 02/13/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. People's bodies can react differently to medications and can experience different complications and negative side effects. Genetics accounts for some of this variety but is only one of many factors. There is very limited research to support the routine use of genetic testing to determine if there are mutations that may be related to the breakdown of certain medications in the body, and there are no standard guidelines on how to apply the results to patient care. The submitted and reviewed documentation indicated the worker was experiencing shoulder and neck pain. There was no discussion that described special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for pharmacogenomics testing (PGT) is not medically necessary.

