

Case Number:	CM15-0015574		
Date Assigned:	02/03/2015	Date of Injury:	09/14/1990
Decision Date:	05/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56-year-old male, with a reported date of injury of 09/14/1990. The diagnoses include chronic pain syndrome, low back pain, and left knee pain. Treatments to date have included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, oral medications, and multiple surgeries to the left knee including two knee replacements. The initial report dated 12/18/2014 indicates that the injured worker was using schedule two and three narcotics for activities of daily living and pain management. He was able to perform his activities of daily living. The injured worker had sharp pain in his left knee and low back. The CURES report was reviewed and was consistent for medications and provider. The physical examination showed tenderness to palpation over the iliolumbar area, patellar tenderness on the left with no effusion, and iliolumbar tenderness on flexion at the waist to knee and on extension. The treating physician requested a pharmacogenomics (PGT) test and twelve physical therapy sessions. It was noted that the physical therapy was for the low back pain and left knee pain; and the PGT testing was to detect genetic variations in enzymes associated with metabolism of medications prescribed in pain management. The medication list include Tylenol, Lipitor, and Metoprolol. The patient's surgical history include multiple surgeries in left knee. The patient has had urine drug screen test on 12/22/14 that was positive for Marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenomics (P.G.T.) 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Genetic testing for potential opioid abuse.

Decision rationale: Pharmacogenomics (P.G.T.) Test. Per the ODG cited below genetic testing 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012). Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. A detailed history documenting that this patient has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided Rationale for Genetic drug metabolism test and Genetic testing for Narcotic risk with [REDACTED] is not specified in the records provided. Exact genetic factors that would be covered during the proposed testing are not specified in the records provided. History of drug abuse or addiction is not specified in the records provided. A detailed history of taking opioid medications for pain is not specified in the records provided. A detailed valid rationale for requesting a Pharmacogenomics (P.G.T.) Test is not specified in the records provided. The current medication list does not contain any opioid medication. The medical necessity of the request for Pharmacogenomics (P.G.T.) Test is not fully established in this patient. Therefore is not medically necessary.

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: 12 Physical Therapy Sessions. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes

were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 Physical Therapy Sessions is not fully established for this patient. Therefore is not medically necessary.