

Case Number:	CM15-0172353		
Date Assigned:	09/14/2015	Date of Injury:	03/15/2013
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 61 year old female, who sustained an industrial injury on March 15, 2013. On July 29, 2015 the injured worker complained of worsening right shoulder pain, cervical pain with right upper extremity symptoms, and bilateral knee pain. She rated her right shoulder pain a 9 on a 10-point scale, her cervical spine pain a 6 on a 10-point scale and her bilateral knee pain a 5 on a 10-point scale. She had tenderness to palpation of the cervical spine and her cervical spine range of motion included flexion 50-extension 40, left rotation 35, left and right lateral tilt 30. She had diminished sensation in the right C6-C7 dermatomal distributions. The injured worker had tenderness of the right shoulder and right knee diffusely. She had crepitation with range of motion of the right knee. Her right knee range of motion was 0 degrees to 120 degrees. The injured worker was diagnosed as having cervical sprain - strain, rule out cervical radiculopathy, acromioclavicular osteoarthropathy-rotator cuff tear of the right shoulder, and right knee status post patellar fracture with residual osteoarthropathy. The injured worker has been using hydrocodone for pain management since at least January 16, 2015. Treatment to date has included right shoulder arthroscopic subacromial decompression on August 24 2015, physical therapy, and opioid medications. A urine drug screen performed on February 27, 2015 was inconsistent with the injured worker's medications. A request for authorization of Hydrocodone 10 mg #60, DNA-genetic testing, and urine drug screen was received on August 24, 2015. The Utilization Review physician determined on August 27, 2015 that Hydrocodone 10 mg #60, DNA-genetic testing, and urine drug screen was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Hydrocodone 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Hydrocodone is not medically necessary.

DNA genetic testing: 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 (Chronic), Genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain.

Decision rationale: DNA genetic testing is not medically necessary per the MTUS and the ODG Guidelines. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for DNA genetic testing is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: Urine toxicology screening is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. There is no evidence in this case that opioids are prescribed

according to the criteria outlined in the MTUS. Despite prior urine testing which had inconsistent results, the treating physician continued to prescribe the same opioids and continued to perform more urine drug screens. Given the fact that the patient has had no functional improvement on opioids and the fact that drug test results are not used to alter the treatment plan the request for urine toxicology is not medically necessary.