MAXIMUS Federal Services

Case Number:	CM15-0065805		
Date Assigned:	04/13/2015	Date of Injury:	10/10/2012
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old, male who sustained a work related injury on 10/10/12. The diagnoses have included chronic right foot injury, right foot radicular syndrome, unspecified back disorder, lumbago, lumbosacral neuritis/radiculitis, crush injury of right foot, and closed fracture in foot. Treatments have included medicated topical creams, oral medications and chiropractic physiotherapy. In the PR-2 dated 12/12/14, the injured worker complains of right lower leg pain. He rates the pain a 6/10. He has pain with range of motion of right foot. He has numbness and tingling in his right foot. He complains of low back pain. The requested treatment per the Independent Medical Review of a saliva drug test is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time [redacted] drug metabolism test (via saliva): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental, as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criterias. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been stable. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines, non-recommendation. The Onetime [redacted] drug metabolism test (via saliva) is not medically necessary and appropriate.