MAXIMUS Federal Services

Case Number:	CM14-0103874		
Date Assigned:	07/30/2014	Date of Injury:	04/17/2006
Decision Date:	09/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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, and is licensed to practice in California. 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 injured worker is a 60-year-old male with a reported date of injury on 04/17/2006. The mechanism of injury was noted to be from a 16 foot fall. His diagnoses were noted to include cervical radiculopathy, fibromyalgia/myositis, and lumbar spine radiculopathy. Previous treatments included epidural steroid injection. The progress note dated 04/21/2014 revealed complaints of neck and back pain. The physical examination revealed an antalgic gait with stooped posture. The provider indicated the injured worker had difficulty moving on and off the examination table and the straight leg raise tests were positive bilaterally. There was bilateral lumbosacral paraspinous tenderness and pain with the extension of the low back. The provider indicated there was a lack of evidence of doctor shopping. The provider indicated the injured worker denied side effects and reported the medications allowed him to perform the essential activities of daily living, although his activities were still quite limited. The request for authorization form was not submitted within the medical records. The request was for 1 genetic metabolism test to assess drug metabolism as well as the risk side effects, 1 genetic opioid risk test to identify the genetic risk factors of narcotic abuse, OxyContin 20 mg #180, Norco 10/325 mg #150 with 2 refills, and Soma 30 mg #60 with 2 refills; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Genetic Metabolism 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, Pain (Chronic); Crews KR, Gaedigk A, Dunnenberger HM, Klein TE, Shen DD, Callaghan JT, Kharasch ED, Skaar TC, Clinical Pharmacogenetics Implementation Consortium. Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines for codeine therapy in the context of cytochrome P450 2D6 (CYP2D6) genotype. Clin Pharmacol Ther. 2012 Feb;91(2):321-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for 1 genetic metabolism test is not medically necessary. The injured worker has been utilizing opioid since at least 2009. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. The guidelines state 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 the definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for clear understanding of role in different populations. Translating pharmacokinetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multi faceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. The guidelines do not recommend genetic testing for potential opioid abuse in regards to genetic and genetic metabolism. The injured worker has been utilizing opioids since 2009 and a genetic testing for a potential opioid abuse is not appropriate. Therefore, the request is not medically necessary.

One (1) Genetic Opioid Risk 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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for 1 genetic opioid risk test is not medically necessary. The injured worker has been utilizing opioid since at least 2009. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. The guidelines state 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 the definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for

clear understanding of role in different populations. Translating pharmacokinetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multi faceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. The guidelines do not recommend genetic testing for potential opioid abuse in regards to genetic and genetic metabolism. The injured worker has been utilizing opioids since 2009 and a genetic testing for a potential opioid abuse is not appropriate. Therefore, the request is not medically necessary.

Oxycontin 20mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for OxyContin 20 mg #180 is not medically necessary. The injured worker has been utilizing this medication since ate least 01/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. The injured worker indicated the medications allowed him to perform essential activities of daily living, although his activities remained quite limited. The injured worker indicated was not having side effects with the medications. The provider indicated an online pharmacy report showed no evidence of doctor shopping and a urine drug screen was performed 01/2014 and the results were not documented. Therefore, due to lack of evidence of significant pain relief on a numerical scale with the use of medications, and without details regarding consistent urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.

Norco 10/325mg #150 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #150 with two (2) refills is not medically necessary. The injured worker has been utilizing this medication since ate least 01/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. The injured worker indicated the medications allowed him to perform essential activities of daily living, although his activities remained quite limited. The injured worker indicated was not having side effects with the medications. The provider indicated an online pharmacy report showed no evidence of doctor shopping and a urine drug screen was performed 01/2014 and the results were not documented. Therefore, due to lack of evidence of significant pain relief on a numerical scale with the use of medications, and without details regarding consistent urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.

Soma 350mg #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63..

Decision rationale: The request for Soma 350 mg #60 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 01/2013. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of muscle spasms to warrant a muscle relaxant. Therefore, the continued use of this medication would not be supported As such, the request is not medically necessary.