

<b>Case Number:</b>	CM13-0008460		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 57-year-old male who reported an injury on 04/04/2003 secondary to a fall. Current diagnoses include cervical spine degenerative disc disease, left shoulder impingement, and lumbosacral radiculopathy. The injured worker was evaluated on 07/16/2013. The injured worker reported improvement with periodic injections of Toradol and the use of topical products. Physical examination was not provided. Treatment recommendations included genetic testing for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 GENETIC TESTING (PROOVE NARCOTIC 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 (ODG), PAIN CHAPTER ONLINE VERSION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, GENETIC TESTING FOR POTENTIAL OPIOID ABUSE

**Decision rationale:** California MTUS Guidelines state DNA testing for pain is not recommended. Official Disability Guidelines state genetic testing for potential opioid abuse is

not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing. Studies are inconsistent with inadequate statistics and a large phenotype range. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.