

<b>Case Number:</b>	CM13-0023985		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/27/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Orthopedic Surgery 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:

42 year old female claimant with an industrial injury dated 04/27/05. Exam note 04/19/13 states the patient returns with right shoulder pain. Upon physical exam the patient had pain with the range of motion tests. Forward flexion and abduction was 120', external rotation was noted as 60', and internal rotation was 70'. The patient demonstrated pain in the lumbar spine with the range of motion as well. Diagnosis was noted as a re-tear of the right shoulder tendon with impingement syndrome, lumbar sprain/strain, and anxiety/depression. Treatment plan includes right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENETIC TESTING FOR NARCOTIC RISK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. Per the ODG, Pain (Chronic) section, genetic testing for potential opioid abuse is not

recommended. Guidelines report that these tests are experimental and studies are inconsistent with inadequate statistics and large phenotype range. As guidelines above do not recommend genetic testing for narcotic risk the determination is for non-certification.

**TOPICAL COMPOUNDS & TEROGIN 240 ML, BLURBIL 80 GRAMS, SOMNICIN #30, LOVACIN #100, EBACYLOTRAN 180 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for non-certification.