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| <b>Case Number:</b>   | CM13-0031902 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 12/21/2012 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/04/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

23 year old female claimant sustained a work injury and burn on 12/21/12 resulting in post burn allodynia of the left upper extremity. She had been using Tylenol, Neurontin and Midol for pain. An examination on 5/2013 indicated a positive Phalen test and Tinel signs. The claimant had not been on opioids or controlled substances for pain. A urine drug screen performed on 6/19/13 showed no signs of controlled substance use. A narcotic addiction genetic risk test was performed on 6/24/13 stating the claimant was at high risk for opioid dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO DRUG METABOLISM LAB TEST TO EVALUATE GENETIC PREDISPOSITION TO DRUG METABOLISM COMPLETED ON 7/30/2013: 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The MTUS guidelines, do not specifically mention genetic testing for opioid abuse. It does state the following: (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The ODG guidelines state the following: Not recommended. 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 definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Based on lack of abuse or addiction indications in the clinical notes and lack of validity of using genetic testing, it is not medically necessary