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| <b>Case Number:</b>   | CM13-0043325 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 07/17/2010 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 10/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 50 year-old female who sustained an injury to her back after being struck by a bag of linen on 07/17/10. The injured worker has a long-standing history of documented substance abuse. A urine toxicology review dated 11/13/13 reported that the patient was positive for the following substances: Morphine, Hydrocodone, Hydromorphone, and Norhydrocodone. A qualified medical evaluation in psychiatry dated 12/07/13 concluded that the injured worker is temporarily totally psychiatrically disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TIME DNA TEST W/ BUCCAL SWAB SPECIMEN:** 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 Page(s): 43. Decision based on Non-MTUS Citation ODG, Pain Chapter, Genetic Testing for Potential Opioid Abuse.

**Decision rationale:** While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred. The request for one-time DNA test with

buccal swab specimen is not medically necessary. The DBS DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. The records indicate that the injured worker has already been identified as abusing drugs. Additionally, ODG specifically states that Genetic testing for potential opioid abuse is not recommended and while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. As such this test would not add to the diagnosis nor alter the treatment as her potential to abuse drugs has already been identified. Therefore, the request is not medically necessary.