

<b>Case Number:</b>	CM13-0045544		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 04/08/2009. The mechanism of injury was not stated. Current diagnoses include status post anterior interbody fusion on 02/14/2013, lumbosacral radiculopathy, postoperative urinary and bowel complications, and depression with anxiety. The injured worker was evaluated on 12/31/2013 with ongoing pain in the lumbar region. Physical examination on that date revealed decreased sensation, decreased motor strength in the left lower extremity, and tenderness to palpation with spasm in the lumbar spine. Treatment recommendations included a refill of the current medication regimen and a urine toxicology and genetic screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen dos: 9/24/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there was no physician progress report submitted on the requesting date of 09/24/2013. There is no documentation of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is not medically necessary.

**Genetic testing for opioid risk:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The Official Disability Guidelines state genetic testing for potential opioid use is not recommended. Studies are inconsistent, with inadequate statistics and large phenotype range. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.