

<b>Case Number:</b>	CM14-0158440		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Neurology, 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:

7/30/14 PR-2 (progress note) notes pain in the low back. The insured had an ESI (epidural steroid injection) on 7/3/14. It was "beneficial" but was "wearing off". EMG/NCS of the bilateral upper extremity was reported to show bilateral carpal tunnel syndrome. Medications are reported to provide temporary relief of the symptoms. Chiropractic and acupuncture treatment have been provided. Examination noted tenderness with bilateral straight leg raise. Assessment was chronic musculoligamentous stretch injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Proove Narcotic 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, Pain Chapter-Genetic testing for potential opioid abuse.

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

**Decision rationale:** The medical records do not indicate any side effects or lack of tolerance by the insured. There is no indication of aberrant medication use or hyperalgesia with the insured.

ODG guidelines do not support genetic testing for pain medication. 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. Given the medical records do not indicate any aberrant use of medication and do not indicate any screening tools suggestive of addiction or history of addiction, there is no indication for this testing congruent with ODG in support of medical necessity.