

<b>Case Number:</b>	CM14-0046179		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational Medicine 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:

The claimant was injured on 07/05/07. An outpatient urine toxicology, genetic testing for narcotic risk, and topical compounds are under review. The claimant was diagnosed with a lumbar sprain. The claimant was injured while transferring a client from a recliner to a shower chair and she strained her back and jammed her left finger. She saw [REDACTED] on 09/12/13, and was to continue Norco, Soma, and gabapentin. Laboratory studies and an epidural steroid injection were recommended. She saw [REDACTED] on 01/10/14, and had 6-7/10 neck pain and 7-8/10 back pain. Her medication decreased her pain. She was using topical medications. She was also taking Somnicin and Laxacin. She was also prescribed Soma and Anaprox. She was given Percocet. These requests were also made in August 2013. An H-wave unit rental was recommended. On 02/21/14, she saw [REDACTED] again. She was allergic to Percocet. There is no change in her physical examination. Medications, toxicology screen and genetic testing were all recommended. She was also given Norco, Xolido, and several topical medications. Percocet was discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition page 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for urine toxicology testing. No reason was given for this testing. It is not clear whether the claimant is being tested to prove compliance with her prescribed medications or whether there is a question of illegal drug or medication use. The Chronic Pain Guidelines state, "Drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the medical necessity of this request has not been clearly demonstrated primarily because no indication has been described and none can be verified from the records.

**Genetic testing for narcotic risk:** 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, Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic Testing for Potential Opioid Abuse.

**Decision rationale:** The history and documentation do not objectively support the request for genetic testing for narcotic risk. The Official Disability Guidelines indicate that genetic testing for opioid abuse is "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 a clearer understanding of their role in different populations." No reason was given for this testing. The claimant has already been prescribed opioids and the indication for this type of testing has not been described. No indication can be verified from the records.

**Pharmacy purchase of topical compounds (not listed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ACOEM Guidelines, and the Official Official Disability Guidelines, Pain Chapter, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**Decision rationale:** The history and documentation do not objectively support the request for pharmacy purchase of topical medications, the ingredients of which are unknown. The Chronic Pain Guidelines indicate that "topical agents may be recommended as an option [but are] 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 no evidence of failure of all other first line drugs. The claimant also received refills of other medications, with no evidence of intolerance or ineffectiveness. The medical necessity of this request has not been clearly demonstrated.