

<b>Case Number:</b>	CM14-0085872		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California 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:

According to the records made available for review, this is a 64-year-old female with a 3/7/11 date of injury, and status post right total hip arthroplasty 5/9/12. At the time (5/14/14) of request for authorization for Genetic Drug Metabolism Test, Genetic Opioid Risk Testing, and Lidoderm Patches, quantity 240, there is documentation of subjective (back and hip pain described as aching) and objective (right-sided lumbosacral paraspinal tenderness and some mild right-sided sacroiliac joint tenderness, range of motion in low back well-preserved, straight leg raises negative, and normal gait) findings, current diagnoses (lumbar degenerative disc disease, sacroiliitis, sprain and strain of sacroiliac, unspecified internal derangement of knee, pelvic/thigh/hip degenerative joint disease, and lumbar spine radiculopathy), and treatment to date (sacroiliac joint injection, physical therapy, surgery, acupuncture, and medications (including Lidoderm patch, Valium, Hydrocodone, and acetaminophen with significant symptomatic and functional improvement)). Medical report identifies a plan for genetic drug metabolism test to evaluate genetic predisposition in cytochrome P450 drug-metabolizing enzymes and genetic opioid risk test to identify genetic risk factors of narcotic abuse, tolerance, and dependence. Regarding Genetic Drug Metabolism Test, there is no documentation of subjective/objective findings for which genetic metabolism testing is indicated. Regarding Lidoderm Patches, quantity 240, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic Drug Metabolism Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>.

**Decision rationale:** The MTUS and ODG do not address the issue. The Medical Treatment Guideline identifies documentation of subjective/objective findings for which genetic metabolism testing is indicated (such as: to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect) to support the medical necessity of genetic metabolism testing. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, sacroiliitis, sprain and strain of sacroiliac, unspecified internal derangement of knee, pelvic/thigh/hip degenerative joint disease, and lumbar spine radiculopathy. In addition, there is documentation of ongoing treatment with hydrocodone. However, despite documentation of a plan identifying genetic drug metabolism test to evaluate genetic predisposition in cytochrome P450 drug metabolism enzymes, there is no documentation of subjective/objective findings for which genetic metabolism testing is indicated (to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect). Therefore, based on guidelines and a review of the evidence, the request for Genetic Metabolism Test is not medically necessary.

**Genetic Opioid Risk Testing.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 MTUS does not address this issue. The ODG identifies that genetic testing for potential opioid abuse is not recommended and that current research is experimental in terms of testing for this. Therefore, based on guidelines and a review of the evidence, the request for Genetic Opioid Risk Test is not medically necessary.

**Lidoderm Patches, quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, sacroiliitis, sprain and strain of sacroiliac, unspecified internal derangement of knee, pelvic/thigh/hip degenerative joint disease, and lumbar spine radiculopathy. In addition, given documentation of significant symptomatic and functional improvement, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lidoderm Patch use to date. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches, quantity 240 is not medically necessary.