

Case Number:	CM14-0125136		
Date Assigned:	08/11/2014	Date of Injury:	06/10/2008
Decision Date:	07/01/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old, female who sustained a work related injury on 6/10/08. The diagnoses have included brachial neuritis or radiculitis, cervicgia and reflex sympathetic dystrophy in arm. The treatments have included oral medications, physical therapy, massage therapy, chiropractic treatments, acupuncture, modified work duties, use of wrist splint/brace, brachial plexus injections, and a cervical epidural steroid injection. In the SOAP Note dated 7/1/14, the injured worker complains of ongoing neck pain. She now has complaints of pain in left arm and elbow. She rates her neck pain level a 2/10. She rates her left arm pain a 7/10. She describes her neck pain as aching, stabbing and shooting with associated numbness and tingling. She has facet tenderness on the cervical spine. Neck range of motion is limited by pain. From the recent cervical epidural steroid injection, she reports 80% pain relief. The treatment plan includes requests for a compound medicated cream, a drug metabolism genetic profile, a narcotic risk genetic profile and for brachial plexus blocks left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Biosciences drug metabolism genetic profile: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic Testing for potential opiate abuse Pain (Chronic) Chapter, Cytokine DNA testing www.proove.com/wp-content/uploads/2014/11.

Decision rationale: Based on the 07/01/14 progress report provided by treating physician, the patient presents with pain to neck, left arm and elbow. The request is for Proove Biosciences Drug Metabolism Genetic Profile. RFA not provided. Patient's diagnosis on 07/01/14 included brachial neuritis or radiculitis, cervicgia, and reflex sympathetic dystrophy of the upper limb. Physical examination on 07/01/14 revealed facet tenderness to the cervical spine, worsened by axial loading. Range of motion was limited, especially on rotation 40 degrees. Reflexes to biceps, triceps, and brachioradialis decreased bilaterally. Treatments have included electrodiagnostic and imaging studies, labs, physical therapy, massage therapy, chiropractic, acupuncture, use of wrist splint/brace, brachial plexus injections, cervical epidural steroid injection, modified work restrictions, and medications. Patient's medications included Norco, Tramadol, Lisinopril, Lyrica, Zolpidem and compounded pain creams. Work status not provided. Treatment reports provided from 04/01/13 - 04/15/15. MTUS and ACOEM guidelines do not discuss genetic testing. ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "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 largely phenotype range." ODG Guidelines under its Pain (Chronic) Chapter under Cytokine DNA testing states: "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving." According to www.proove.com/wp-content/uploads/2014/11 Proove risk tests include 12 genetic assessments tests "for better prescribing decisions." Vendor generated report with treater's signature dated 07/01/14 states "Proove Narcotic Risk Genetics Profile identifies if the patient has a genetic predisposition to tolerance, dependence or misuse of prescription narcotic medication." The patient has been prescribed opiates. However, genetic testing is still under investigation and is not supported by guidelines as a routine diagnostic tool for any condition. Therefore, this request IS NOT medically necessary.

Narcotic risk genetic profile oral mouth swab 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic Testing for potential opiate abuse Pain (Chronic) Chapter, Cytokine DNA testing.

Decision rationale: Based on the 07/01/14 progress report provided by treating physician, the patient presents with pain to neck, left arm and elbow. The request is for Narcotic Risk Genetic Profile Oral Mouth Swab Test. RFA not provided. Patient's diagnosis on 07/01/14 included brachial neuritis or radiculitis, cervicgia, and reflex sympathetic dystrophy of the upper limb. Physical examination on 07/01/14 revealed facet tenderness to the cervical spine, worsened by axial loading. Range of motion was limited, especially on rotation 40 degrees. Reflexes to biceps, triceps, and brachioradialis decreased bilaterally. Treatments have included electrodiagnostic and imaging studies, labs, physical therapy, massage therapy, chiropractic, acupuncture, use of wrist splint/brace, brachial plexus injections, cervical epidural steroid injection, modified work restrictions, and medications. Patient's medications included Norco,

Tramadol, Lisinopril, Lyrica, Zolpidem and compounded pain creams. Work status not provided. Treatment reports provided from 04/01/13 - 04/15/15. MTUS and ACOEM guidelines do not discuss genetic testing. ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "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 largely phenotype range." ODG Guidelines under its Pain (Chronic) Chapter under Cytokine DNA testing states: "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving." Treater has not provided medical rationale for the request. The patient has been prescribed opiates. However, genetic testing is still under investigation and is not supported by guidelines as a routine diagnostic tool for any condition. Therefore, this request IS NOT medically necessary.

Compounded Pain Cream (Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%) 360gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the 07/01/14 progress report provided by treating physician, the patient presents with pain to neck, left arm and elbow. The request is for Compounded Pain Cream (Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%) 360gm With 3 Refills. RFA not provided. Patient's diagnosis on 07/01/14 included brachial neuritis or radiculitis, cervicgia, and reflex sympathetic dystrophy of the upper limb. Physical examination on 07/01/14 revealed facet tenderness to the cervical spine, worsened by axial loading. Range of motion was limited, especially on rotation 40 degrees. Reflexes to biceps, triceps, and brachioradialis decreased bilaterally. Treatments have included electrodiagnostic and imaging studies, labs, physical therapy, massage therapy, chiropractic, acupuncture, use of wrist splint/brace, brachial plexus injections, cervical epidural steroid injection, modified work restrictions, and medications. Patient's medications included Norco, Tramadol, Lisinopril, Lyrica, Zolpidem and compounded pain creams. Work status not provided. Treatment reports provided from 04/01/13 - 04/15/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided medical rationale for the request. Nonetheless, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, Baclofen, Cyclobenzaprine, Gabapentin and Bupivacaine, which are not

supported for topical use in lotion form, per MTUS. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

5 Left brachial-plexus blocks for left arm under direct ultrasound: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia, Pain Chapter, under Pain injections general).

Decision rationale: Based on the 07/01/14 progress report provided by treating physician, the patient presents with pain to neck, left arm and elbow. The request is for 5 Left Brachial-Plexus Blocks For Left Arm Under Direct Ultrasound. RFA not provided. Patient's diagnosis on 07/01/14 included brachial neuritis or radiculitis, cervicalgia, and reflex sympathetic dystrophy of the upper limb. Physical examination on 07/01/14 revealed facet tenderness to the cervical spine, worsened by axial loading. Range of motion was limited, especially on rotation 40 degrees. Reflexes to biceps, triceps, and brachioradialis decreased bilaterally. Treatments have included electrodiagnostic and imaging studies, labs, physical therapy, massage therapy, chiropractic, acupuncture, use of wrist splint/brace, brachial plexus injections, cervical epidural steroid injection, modified work restrictions, and medications. Patient's medications included Norco, Tramadol, Lisinopril, Lyrica, Zolpidem and compounded pain creams. Work status not provided. Treatment reports provided from 04/01/13 - 04/15/15. ODG Guidelines, Shoulder (Acute & Chronic) chapter, under Brachial plexus nerve blocks (regional anesthesia) states the following: "Recommended when used by experienced practitioners. Regional anesthesia of the upper extremity has several clinical applications and is reported to have several advantages over general anesthesia for orthopaedic surgery. ODG Guidelines Pain Chapter, under Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." Per 08/05/14 report, treater states "patient has neck and left arm pain not relieved by conservative measures such as NSAIDs, medication, and physical therapy. Consent for left intraclavicular block under fluoroscopic guidance. The goal of this therapy is to decrease pain and inflammation so that the patient can better tolerate physical therapy and slow the progression of the disease." However, guidelines do not discuss brachial plexus injections for chronic pain. There is lack of evidence that these injections can provide lasting relief, particularly for CRPS. Therefore, the request IS NOT medically necessary.