

<b>Case Number:</b>	CM14-0199313		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 46-year old female with an injury date on 01/02/2003. Based on the 11/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Status Post Anterior Cervical Disc Fusion at C5-C6 and C6-C7 'with Iliac Crest Bone Grafting. 2. Herniated lumbar disc with radiculitis/radiculopathy.3. Left shoulder tendinitis, impingement. 4. Right shoulder strain/sprain, tendinitis. 5. Carpal tunnel syndrome, bilateral wrists and hands6. Weight gained, approximately 60 pounds, since the injury.7. Allergic reaction to Dilaudid. 8. Symptoms of gastritis, NSAID related.According to this report, the patient complains of increased pain in her cervical spine and burning sensation in her stomach. She also complains of pain in her forearm, wrist, hand, fingers, upper back, low back, hips, right knee, ankle, foot and toes. She has difficulty sleeping and wakes up at night due to the pain. Prolonged sitting, standing, walking, bending, stooping, kneeling, squatting, twisting, carrying, pushing, pulling, gripping, grasping, cold weather, and lifting anything above 5 pounds causes the pain to increase. Physical exam reveals tenderness and spasms over the paraspinal muscles. Range of motion of the cervical and lumbar spine is decreased. There is hypoesthesia at L5-S1 dermatome distribution and weakness in the big toe dorsiflexors and big toe plantar flexor, bilaterally. The treatment plan is to give patient Toradol injection x1, request for corticosteroid injection for the bilateral shoulder, MRI of the lumbar spine, MRI arthrogram of the bilateral shoulder, EMG/NCV of bilateral lower extremities, refill medications, and return in 4 week for follow-up. The patient is "temporarily totally disabled from work. There were no other significant findings noted on this report. The utilization review denied the request for Pharmacogenomics and Urine toxicology on11/11/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/02/2014 to11/10/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacogenomic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 chapter under: Pharmacogenetic testing, opioid metabolism

**Decision rationale:** According to the 11/10/2014 report, this patient presents with increased pain in cervical spine and pain in multiple area. The current request is for [REDACTED] Regarding Pharmacogenetic testing, ODG guidelines states not recommended except in a research setting. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. The current request is not supported by the guidelines and it is not medically necessary.

**Urine toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing.

**Decision rationale:** According to the 11/10/2014 report, this patient presents with increased pain in cervical spine and pain in multiple area. The current request is for Urine toxicology. Regarding UDs, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports show no recent UDS. In this case, the available medical records indicate the patient is currently on Norco (an opiate). Given that the patient's current opiate use, UDS's once or twice per year on a random basis is supported by ODG guidelines. The current request is medically necessary.