

<b>Case Number:</b>	CM14-0204436		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of March 5, 2014. A utilization review determination dated November 19, 2014 recommends noncertification of a tens 30 day trial and DNA/genetic testing. A urine drug screen performed on April 16, 2014 is negative for all tested substances. The note indicates that tramadol is being prescribed but was not detected in the urine drug screen. A progress report dated October 31, 2014 identify subjective complaints including right shoulder pain rated 9/10. Medication includes tramadol 50 mg twice a day, ibuprofen, and omeprazole. Objective examination findings revealed limited right shoulder range of motion with positive impingement signs. Diagnoses include right shoulder tenderness with limited range of motion and positive impingement signs. The treatment plan recommends right shoulder decompression, "continue tens 30 day trial," and continue medication including tramadol, ibuprofen, and omeprazole. The note states that the most recent toxicology screen is "consistent with current medications." A urine drug screen performed on October 3, 2014 is negative for tramadol and indicates that tramadol is being prescribed. A note dated September 26, 2014 indicates that a tens unit was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 30 Day Trial Period:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it appears the patient was already provided a tens unit, and it is unclear why an additional 30 day trial would be needed. Furthermore, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

**DNA/Genetic Testing to rule out metabolic pathway deficiency and to assist with medication selection:** 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), Treatment Index, 11th Edition Web 2013, Pain Chapter.

**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, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

**Decision rationale:** Regarding a request for DNA/Genetic Testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested DNA/Genetic Testing is not medically necessary.