

<b>Case Number:</b>	CM14-0211289		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 57 year old male who suffered an industrial related injury on 6/2/11 after lifting heavy weight. A physician's report dated 8/25/14 noted the injured worker had two arthroscopic surgeries for the right shoulder with residual pain and dysfunction. The physical examination revealed normal range of motion in the lumbar and cervical spine. There was mild tenderness noted in the cervical spine with pain on extension of the cervical spine. The motor exam revealed a slight decrease in strength of the right deltoid. The sensory exam revealed no deficits in bilateral upper and lower extremities. The reflex/upper motor neuron exam revealed a decrease in the right and left brachioradialis. Range of motion was decreased in the right shoulder. Mild impingement was noted with right shoulder forward flexion and internal rotation. A MR arthrogram of the right shoulder performed on 5/5/14 revealed an occult full thickness tear of the infraspinatus tendon at its insertion site extending into the glenoid labrum without evidence of contrast exacerbation into the labrum itself and labral fissuring. Diagnoses included status post arthroscopic right shoulder surgery with residual pain and dysfunction and history of occult rotator cuff tear. On 12/1/14 the utilization review (UR) physician denied the requests for a medical legal evaluation, chromatography, and CYP 2C19, CYP, 2C9, CYP, 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR. Regarding the medical legal evaluation, the UR physician noted medical rationale for the request was not provided therefore non-certification was recommended. Regarding chromatography, the UR physician noted there was no documentation that indicated the injured worker was taking controlled medication or evidence of abuse, diversion, or hoarding related to use of medications on the current report. Therefore the

request was denied. Regarding and CYP 2C19, CYP, 2C9, CYP, 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR, the UR physician noted genetic testing is not proven effective in detecting an injured worker's vulnerability for medication abuse/addiction. There was also no documentation that indicated the injured worker was taking controlled medication or evidence of abuse, diversion, or hoarding related to use of medications on the current report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Med legal evaluation:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Med legal evaluation is not medically necessary.

**Chromatography:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** According to the Official Disability Guidelines, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. In regard to this case, there is no documentation qualifying the necessity of quantitative analysis. Chromatography for quantitative analysis is not medically necessary.

**CYP 2C19, CYP, 2C9, CYP, 3A4/3A5, VKORC1, Factor II, Factor V and mthfr:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42.

**Decision rationale:** There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. CYP 2C19, CYP, 2C9, CYP, 3A4/3A5, VKORC1, Factor II, Factor V and mthfr is not medically necessary.