

Case Number:	CM15-0008081		
Date Assigned:	01/26/2015	Date of Injury:	09/04/2012
Decision Date:	03/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained a work related lifting injury to her cervical spine, right hip and lower back on 9/4/2012. The injured worker was diagnosed with sprain/strain of the lumbar spine, lumbar disc displacement, sciatica, lumbago and cervical strain. There was no surgical intervention documented. According to the primary treating physician's progress report on November 25, 2014 the patient continues to experience low back pain with intermittent radiation to the posterior thigh with limited range of motion of the lumbar spine. No lower extremity weakness was noted. Current medications consist of Tramadol ER, Cymbalta, Norco, Pennsaid solution and Nexium. Treatment modalities consist of physical therapy, epidural steroid injection (ESI), oral and topical medication. Per the doctor's note dated 1/27/15 patient had complaints of pain in the cervical region Physical examination of the cervical region revealed flexion 20, extension 20, right lateral bending 1, left lateral bending 10, right rotation 15, left rotation 12, tenderness on palpation and normal gait The patient has had MRI of low back that revealed foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Buccal smear/Saliva testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain) Cytochrome p450 testing Genetic testing for potential opioid abuse

Decision rationale: The Buccal smear/Saliva testing has been intended for testing of enzymes for an appropriate choice of opioid medication. Per the cited guidelines: Cytochrome p450 testing is not recommended. Per the cited guidelines for Pharmacogenetic testing, Not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are currently multiple challenges in using this technique in the context of pain: (1) the phenotypes involved are multifaceted; (2) pain perception has a subjective nature; (3) response to analgesia can also be subjective; (4) there is a wide inter-individual pharmacologic range in response to drugs. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations (specific cancers, patients requiring anticoagulation, and human immunodeficiency virus patients). U.S. FDA: In clinical practice, no tests have been recommended by the U.S. FDA. The cited guidelines do not recommend enzyme testing as a guide for the use of opioids. A detailed rationale for requesting Outpatient Buccal smear/Saliva testing in this patient, was not specified in the records provided Any previous lab reports were not specified in the records provided The medical necessity of the request for Outpatient Buccal smear/Saliva testing is not fully established in this patient.

Pharmacy purchase of Pennsaid 200mg/gm 2% #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

Decision rationale: Request: Pharmacy purchase of Pennsaid 200mg/gm 2% #1 Pennsaid 200mg/gm 2% #1 contains Diclofenac sodium According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these

symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition as per cited guideline for 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. The medical necessity of Pennsaid 200mg/gm 2% #1 is not established for this patient.