

<b>Case Number:</b>	CM15-0105331		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 54 year old female who sustained an industrial injury on June 23, 2011. The injured worker was diagnosed as having tear of the superior and posterior labrum of right shoulder, tendinosis of right shoulder, bilateral carpal tunnel syndrome, status post left carpal tunnel release January 15, 2015 with left median nerve sensory branch injury, and status post carpal tunnel re-exploration with repair of common digital nerve on January 20, 2015. Medical history also includes diabetes and hypertension. Treatment and evaluation to date has included MRIs, electromyography (EMG)/nerve conduction velocity (NCV), occupational therapy, physical therapy, acupuncture, and medication. In October 2014, the injured worker was working full duty and was on no pain medications, and in January 2015 to April 2015, after the carpal tunnel surgery, work status was noted to be temporarily totally disabled. Medications in February 2015 included naproxen and omeprazole. Medications in March 2015 included tramadol and norco. Currently, at a visit on 4/30/15, the injured worker complains of slight swelling on the top side of the left hand/fingers, occasional pain in the right palm, pain in the tips of the fingers of the right hand, and numbness and tingling of the right hand/fingers. The treating physician's report dated April 30, 2015, noted the injured worker reporting improving flexion and extension of the fingers of the left hand, and improving hardness of the left palm. Objective findings were noted to include near complete extension of the left four fingers, inability to hyperextend active or passive without excess pain, much improved range of motion (ROM) of left four fingers in excursion, and improving overall range of motion (ROM) of the left thumb with opposition to the little finger at the proximal interphalangeal (PIP) joint crease, and moderate positive in duration of the left carpal tunnel scar region with pillar pain. The treatment

plan was noted to include a DNA pharmacogenomics diagnostic test panel, medications, including Diclofenac Sodium ER, Cyclobenzaprine, Pantoprazole Sodium, and Sumatriptan, completion of the remaining occupational therapy sessions, and urine drug testing. Work status was temporarily totally disabled. On 5/12/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

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

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

**DNA Pharmacodenomic Test Panel (CYP2C19, CYP2C9/VKORC1, CYP2D6, CYP3A4/5, Factor 2, Factor V & Mthfr) Qty: 1.00: 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), Chapter on chronic pain - Genetic testing for potential opioid abuse.

**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: genetic testing for potential opioid abuse, pharmacogenetic testing/pharmacogenomics (opioids and chronic non-malignant pain).

**Decision rationale:** The treating physician has stated that the pharmacogenomic testing was requested as a diagnostic tool for determining the most effective drug therapy as well as specific dosing requirements, and that this testing would reduce likelihood for adverse reactions by avoiding drugs known to be sensitive to the patient's particular cytochrome P450 genetic profile. The ODG states that genetic testing for potential opioid abuse is not recommended. Pharmacogenetic testing is also not recommended except in a research setting. Cytochrome P450 enzymes are responsible for most of the metabolism of certain opioids. There has been some suggestion that testing should be undertaken in patients who are on high dose opioids (morphine equivalent dose greater than or equal to 150 mg/day) but the ODG does not recommend opioids greater than this dose, and there are no randomized controlled trials to support this. In addition, most opioids can be adequately titrated in clinical practice. As this testing is not recommended by the guidelines, the request for DNA Pharmacogenomic Test Panel is not medically necessary.

**Diclofenac Sodium ER 100mg Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of

NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. The number requested suggests chronic use, rather than a brief course for acute pain. Systemic toxicity is possible with NSAIDs. Diclofenac has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. This injured worker was previously prescribed naproxen; there was no discussion of lack of response to this medication. Due to quantity requested in excess of the guideline recommendation for a short course of treatment, and potential for toxicity, the request for diclofenac is not medically necessary.

**Cyclobenzaprine 7.5mg Qty: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

**Decision rationale:** This injured worker has chronic hand pain. There was no documentation of muscle spasm or back pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2- 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. In this case, multiple additional medications were prescribed. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity requested in excess of the guideline recommendations for a short course of treatment, the request for cyclobenzaprine is not medically necessary.

**Sumatriptan 50mg (Pack) Qty: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: triptans.

**Decision rationale:** Sumatriptan is indicated for the treatment of migraine headaches. The treating physician has not provided mention of headaches in the reports. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.