

<b>Case Number:</b>	CM15-0130347		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 injured worker is a 33-year-old male who sustained an industrial injury on 8/8/2014 resulting in low back pain radiating down the right leg. He was diagnosed with lumbar disc herniation L4-5 with L5 nerve root involvement, and lumbar spine degenerative disc-joint disease. Treatment has included Toradol injection, lumbar spine brace, acupuncture, physical therapy, and medication. The injured worker continues to report low back pain and trouble sleeping. The treating physician's plan of care includes Retrospective prove narcotic risk test. He is presently working on modified duty. The medication list include Motrin. The current medication list was not specified in the records specified. Any urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 10.17.14) Prove narcotic risk test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines. Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp., online Edition. Chapter: Pain (updated 07/15/15) Genetic testing for potential opioid abuse. Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

**Decision rationale:** Request Retrospective (DOS: 10.17.14) Prove narcotic risk test. Per the cited guidelines, genetic testing for potential opioid abuse is "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012)" Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. Rationale for Prove narcotic risk test is not specified in the records provided. Exact genetic factors that would be covered during the proposed testing are not specified in the records provided. The current medication list contains Motrin. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. A routine urine drug screen report is also not specified in the records provided. The medical necessity of the request for Retrospective (DOS: 10.17.14) Prove narcotic risk test is not fully established in this patient.