

<b>Case Number:</b>	CM15-0143975		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: North Carolina

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 60 year old female with an industrial injury dated 10-15-2012. The injury is documented as occurring when she was hit on the right side of the head with a tennis ball. Her diagnoses included headache, unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, anxiety state, brachial neuritis or radiculitis, pain in thoracic spine, unspecified temporomandibular joint disorders and post-concussion syndrome. Prior treatment included acupuncture, physical therapy and medications. She presents on 05-08-2015 noting her pain level as 4-5 out of 10. Range of motion and strength were unchanged since last visit. Work exacerbated symptoms and physical therapy helped improve symptoms. Range of motion for the cervical and thoracic spine showed abnormal findings with tenderness. Right ear was tender. The provider documents: "Will need to do drug screen to verify compliance and rule out drug abuse-over medication by other physicians." Treatment request is for drug metabolism test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug metabolism test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing (for pain) Page(s): 42.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states drug metabolism is not indicated in routine treatment of pain. It only has a place in scientific research. Therefore the request is not medically necessary.