

<b>Case Number:</b>	CM15-0207508		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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:

The injured worker is a 33 year old female with an industrial injury dated 01-07-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee contusions, bilateral knee chondromalacia patella, lumbar sprain and strain, lumbar radiculopathy and right knee medial meniscus tear with osteoarthropathy. According to the progress note dated 09-15-2015, the injured worker reported low back pain with greater than left lower extremity symptoms, right knee pain and left knee pain with no complaints of difficulty sleeping. Pain level was 7 out of 10 for low back, 8 out of 10 for right knee and 5 out of 10 for left knee on a visual analog scale (VAS), unchanged from previous visit. Current medication includes hydrocodone and Cyclobenzaprine. Objective findings (08-25-2015, 09-15-2015) revealed tenderness in lumbar spine and lumboparaspinal musculature with spasm, right knee range of motion with pain and crepitus, diffused right knee tenderness, and painful left knee patellofemoral crepitation. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Urine drug screen report dated 06-09-2015 was inconsistent for prescribed medications. The injured worker remains on temporary total disability. The utilization review dated 09-29-2015, non-certified the request for DNA genetic testing to R-O Metabolic Pathway Deficiency for proper medication selection-management, Ambien 10mg quantity 30 daily at bedtime and Urine Toxicology Screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA genetic testing to R/O Metabolic Pathway Deficiency for proper medication selection/management: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Cytokine DNA testing.

**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 Section.

**Decision rationale:** The MTUS Guidelines do not address the use of DNA testing to determine genetic risk of narcotic abuse. The ODG does not recommend this testing, even though, there appears to be a strong genetic component to addictive behavior. Current research is experimental in terms of testing for potential opioid abuse. Studies have been inconsistent, and the various studies have used different criteria for defining controls. The response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. The request for DNA genetic testing to R/O metabolic pathway deficiency for proper medication selection/management is determined to not be medically necessary.

**Ambien 10mg quantity 30 daily at bedtime: Upheld**

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

**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/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep

hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg quantity 30 daily at bedtime is determined to not be medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, a urine drug screen completed in May 2015 was inconsistent with prescribed medications. There is no evidence that the results were discussed with the injured worker. Additionally, the continued use of Norco was not supported. The request for urine toxicology screen is determined to not be medically necessary.