

Case Number:	CM15-0023499		
Date Assigned:	02/10/2015	Date of Injury:	10/15/2013
Decision Date:	03/31/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This 42 year old male sustained an industrial injury on 10/15/13, with subsequent ongoing lumbar spine pain. Treatment included medications, injections, physical therapy, chiropractic therapy, acupuncture and extracorporeal shockwave treatment. Sudoscan testing (9/12/14) showed an isolated peripheral neuropathy. Urine drug tests from 7/11/14 and 8/5/14 were negative. A toxicology blood sample obtained 9/12/14 was negative. In a PR-2 dated 10/10/14, the injured worker complained of constant, severe lower extremities back pain 8/10 on the visual analog scale. The injured worker reported no change in his pain from his last exam. Physical exam was remarkable for tenderness to palpation along the lumbar spine and paravertebral muscles on the right side of the lumbar spine with positive straight leg raise on the right, decreased sensation along the L5 and S1 dermatome of the right lower extremity and decreased range of motion. Current diagnosis was lumbar radiculopathy. The treatment plan included a prescription for Norco 10/325 and Menthoderm Gel. The injured worker received a vitamin B12 injection and was administered a qualitative urine drug screen during the office visit. The medication list include Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ **Narcotic Test:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Genetic Testing for potential Opioid Abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (updated 03/23/15) Genetic testing for potential opioid abuse

Decision rationale: Request: [REDACTED] Narcotic Test Per the ODG cited below genetic testing 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. (Levrn 2012) Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. The medication list include Tylenol A detailed history documenting that this pt has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided. Rationale for [REDACTED] Narcotic 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. Urine drug tests from 7/11/14 and 8/5/14 were negative. A toxicology blood sample obtained 9/12/14 was negative. The medical necessity of the request for [REDACTED] Narcotic Test is not fully established in this patient.