

<b>Case Number:</b>	CM15-0032933		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/28/1997
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, New York, 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 applicant is a represented 57-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 28, 1997. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for quarterly blood draws and genetic testing. An RFA form and associated progress note of January 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of mid and low back pain. The applicant was using Norco for pain relief. 6/10 mid and low back pain complaints were noted. The applicant reported ancillary complaints of insomnia. The applicant's complete medication list reportedly included Norco, Desyrel, and Viagra, it was acknowledged. The attending provider went on to renew a variety of medications, including Norco and Desyrel. Genetic testing to determine the applicant's ability to metabolize opioids was proposed, along with quarterly blood testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood Draw (x 4 per year): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** No, the request for quarterly blood draws (four times a year) was not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested laboratory monitoring in applicants using NSAIDs includes periodic CBC and chemistry profile testing to include liver and renal function tests, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that the interval of repeating laboratory tests has "not been established." Here, by analogy, the attending provider failed to furnish a clear or compelling applicant-specific rationale for quarterly blood testing. It was not stated why the applicant needed to be tested so frequently. There was no mention of the applicant's having any clear individual-specific factors which would compel such frequent laboratory testing. There was no mention of the applicant's having issues with chronic renal insufficiency which would compel such frequent laboratory testing. The attending provider, did not, in short, furnish any clear or compelling applicant-specific rationale which would support such a high frequency of laboratory testing and/or associated blood draws. Therefore, the request was not medically necessary.

**Genetic Testing:** 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) Pain, Genetic Testing for potential Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed., Opioids Chapter:Currently, screening for genetic risks prior to opioid treatment is not in widespread use.

**Decision rationale:** Similarly, the request for genetic testing was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing, an article essentially analogous to the genetic testing at issue is deemed "not recommended" in the chronic pain context present here. The Third Edition ACOEM Guidelines further note that screening for genetic risks prior to opioid treatment is not in widespread use and, by implication, has not been accepted as a conventional medical practice. Here, the attending provider did not furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable MTUS and ACOEM positions on the article at issue. It was not clearly stated or clearly established how the genetic testing at issue could influence or alter the treatment plan and/or prescription management. Therefore, the request was not medically necessary.

