

<b>Case Number:</b>	CM15-0036366		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/24/1991
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 76 year old male who sustained an industrial injury on 12/24/91. He reports pain in the neck hips and lower back. Diagnoses include chronic lumbar laminectomy pain syndrome, chronic neck pain, and chronic pain syndrome. Treatments to date include surgery and medications. In a progress note dated 10/1//4/14 the treating provider recommends treatment with OxyContin, oxycodone, and fentanyl as well as genetic testing and urine drug screening. On 01/28/15 Utilization Review non-certified the genetic testing, citing non-MTUS guidelines. The urine drug screen was non-certified, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PGT 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, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain (chronic)-Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

**Decision rationale:** PGT testing is not medically necessary per the ODG and the MTUS Guidelines.. The ODG states that pharmacogenetic testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. The MTUS states that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating factors which require going against guideline recommendations therefore the request is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 43, 77.

**Decision rationale:** Urine drug screen is not medically necessary per the ODG and the MTUS Guidelines. The MTUS supports urine drug screens when a patient is on opioids to assess for the use or the presence of illegal drugs. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation indicates that the patient had a urine drug screen certified in July 2014 and there is no evidence of aberrant behavior therefore a urine drug screen is not medically necessary.