

<b>Case Number:</b>	CM15-0045036		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, 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 36-year-old female who sustained an industrial injury on 5/30/14. The injured worker reported symptoms in the right wrist, right ankle and back. The injured worker was diagnosed as having other unspecified back disorder, lumbago, and contusion of wrist, radial styloid tenosynovitis pain in joint, ankle and foot. Treatments to date have included oral pain medication, orthotics, physical therapy, acupuncture treatment, topical ointments, and activity modification. Currently, the injured worker complains of pain in the right wrist, right ankle and pain in the back. The plan of care was for a medication prescription and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 1/16/15): One time prove drug metabolism lab test via saliva:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic testing for potential opioid abuse.

**Decision rationale:** This patient presents for chronic pain management of right wrist, right ankle and back. Saliva DNA testing for potential opioid abuse has been requested to assess "drug metabolism." MTUS guidelines contain no discussion of indicators or predictors of possible controlled substances and/or addiction. MTUS does not discuss DNA testing, so ODG guidelines were referenced. ODG guidelines state that genetic testing for potential opioid abuse is not recommended. The saliva testing is deemed not medically necessary.