

<b>Case Number:</b>	CM15-0086728		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 who sustained an industrial injury on 05/04/2014 when she slipped and fell. The injured worker was diagnosed with lumbar radiculopathy. Treatment to date includes diagnostic testing with lumbar, left forearm magnetic resonance imaging (MRI) and electrodiagnostic studies in October 2014, conservative measures, lumbar injections (February 2015), acupuncture therapy, Functional Capacity Evaluation (FCE), oral medications and topical analgesics. According to the primary treating physician's progress report on January 27, 2015, the injured worker continues to experience low back pain. The injured worker rates her pain level at 7/10 with topical medications. Objective findings were noted as decreased flexion of the lumbar spine. Current medications are listed as topical medications. Treatment plan consists of follow-up with pain management and the current request for urine drug screening and DNA testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology U/A:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 & 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112. 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, there is no indication for Urine Drug Screen. Per available documentation, the injured worker is prescribed Motrin, Flexeral and topical analgesics only and there is no stated rationale for the request. The request for Toxicology U/A is not medically necessary.

**DNA Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 42.

**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. 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 Testing is not medically necessary.