

<b>Case Number:</b>	CM14-0120068		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/08/1988
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old male with reported industrial injury in 1988. He had neck and lower back injury. He is status post cervical spine surgery with post-cervical fusion syndrome. He was last seen on 7/29/2014 wherein neck and low back pain were documented. Diagnoses listed were cervical pain, disk degeneration, cervical radiculopathy, lumbar spondylosis, lumbar disk degeneration and chronic low back pain. The patient's medications were not noted. A request for urinalysis was made for degeneration of the disk of the lumbar and cervical spine. A request for "DNA testing" was made and supplemental information submitted on 7/25/2014 cited no literature, claiming that DNA testing is helpful and recommended by numerous authorities for determination of whether a patient is a rapid or slow metabolizer. This optimizes treatment, per the provider and cited authorities including the Food and Drug Administration (FDA) and the Health and Human Services Department.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 143, Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (chronic), Urine drug testing

**Decision rationale:** Urinalysis is typically performed when there is a suspicion for a disorder of the urinary tract including kidneys, ureters and bladder, such as a urinary tract infection. Urinalysis can be a point of care test, which if positive, is submitted for formal microscopic examination. Determination of urine drug concentrations or urine toxicology is a separate request, often made in patients who are taking opiates and need monitoring for detecting illicit substances or failing to detect prescribed substances. A urine drug screen can be performed as a point of care test and only requires confirmation if there is an abnormality on the dipstick test in the office or point of care. The patient does not have any documented urinary tract symptoms and so performing a urinalysis is not appropriate. A urine drug screen done at the point of care has not been submitted so that the need for formal confirmation is not apparent. The request is not medically necessary.

**DNA Testing QTY 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), DNA testing

**Decision rationale:** DNA testing" is not a specific enough request. Genotyping for fast versus slow metabolizers is established for warfarin, azathioprine and abacavir only as being clinically relevant. Although genotyping is theoretically useful, its clinical applicability in managing patients who are not on these three agents is not established and it is not standard of care or recommended by any professional society to perform these tests in patients on other medications than the ones mentioned. As such, the request is not medically necessary.