

<b>Case Number:</b>	CM14-0121751		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/08/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 56 year old female who reported an injury on 03/08/2008; the mechanism of injury was not provided. Diagnoses included bilateral shoulder impingement syndrome, and right shoulder "pasta" lesion. Past treatments included physical therapy. Past diagnostics included an x-ray which indicated down sloping acromion and degenerative changes in the AC joint, unofficial. Surgical history included right shoulder arthroscopy with decompression, Mumford, and debridement of the rotator cuff on 08/26/2009. The clinical note dated 05/14/2014 indicated the injured worker complained of inflammation and pain in the left shoulder with restricted motion. Physical exam of the left shoulder revealed tenderness to palpation, slight weakness, and pain with Hawkins test. Current medications included fentanyl, Norco, Tizanidine, and Lyrica. The treatment plan included pharmacogenomic testing; the rationale for treatment was not provided. The request for authorization form was completed on 06/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacogenomic Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter

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

**Decision rationale:** The request for pharmacogenomic testing is not medically necessary. The Official Disability Guidelines indicate that genetic testing for potential opioid abuse is not recommended; while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. The injured worker complained of inflammation and pain in the left shoulder with restricted motion. Physical exam of the left shoulder revealed tenderness to palpation, slight weakness, and pain with Hawkins test. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines do not recommend genetic drug metabolism testing. There is a lack of documentation to indicate the need for the requested testing beyond the guideline recommendations. Therefore the request for pharmacogenomic testing is not medically necessary.