

Case Number:	CM14-0132547		
Date Assigned:	08/22/2014	Date of Injury:	09/05/1991
Decision Date:	09/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 66-year-old male who reported an injury on 09/05/1991. He sustained injuries to his neck, lower back, and bilateral shoulders. The injured worker's treatment history included MRI studies, physical therapy sessions, surgery, MR arthrogram, epidural steroid injections, and medications. The injured worker was evaluated on 06/26/2014, and the injured worker complained of frequent right wrist pain travelling to the fingers rated at 8/10 on the pain scale. Neck pain was rated at 10/10 with medications, and described as constant, sharp, and worsening, with numbness and tingling in the arms. Low back pain was rated 8/10 to 10/10, with associated numbness and tingling of the legs. Low back pain was worsening. Additional complaints included depression, anxiety, headaches, and difficulty falling asleep secondary to pain. Significant objective findings consisted of cervical and lumbar paraspinal tenderness, normal upper and lower extremity sensation, normal upper and lower extremity strength, decrease in cervical spine range of motion in all directions, and decreased lumbar spine range of motion, most notably with extension. Cervical spine X-rays obtained on 06/26/2014 revealed fusion of C3 through C7 with degenerative changes and spinal stenosis. Lumbar spine X-rays revealed degenerative spondylolisthesis of the lumbar spine at L4-5. Shoulder X-rays revealed acromioclavicular (AC) joint arthritis. The injured worker was diagnosed with bilateral carpal tunnel syndrome, status post anterior and posterior cervical spine fusion, lumbar spine degenerative disc/joint disease, and grade 1 spondylolisthesis at L4-5. Within the documentation submitted the injured worker had a urine drug screen on 03/04/2014 that was negative for opiate usage. Medications included Lantus, tramadol, Lipitor, Benazepril, Atenolol, Flexeril, Vicodin, aspirin, Flonase, Advair, Diastolic, Locotus, Cancerlosin, Doc Q Lase, ferrous sulfate, and Amolopine. Request for Authorization dated 06/26/2014 was for a retro Proove narcotic risk test

performed between 06/26/2014. The rationale for Proove narcotic risk laboratory test was that the provider noted based on the injured worker's unsatisfactory response to medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Proove narcotic risk test performed between 6/26/2014 and 6/26/2014: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Narcotic Risk Test for pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing, which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. Additionally, the injured worker had a urine drug screen on 03/05/2014 that was negative for opioid usage. The provider failed to indicate evidence to support the use of narcotic risk test. As such, the request for retro Proove Narcotic Risk Test performed between 06/26/2014 and 06/26/2014 is not medically necessary.