

<b>Case Number:</b>	CM14-0143712		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Family 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:

This is a 60-year-old male patient who reported an industrial injury on 3/1/2013, 19 months ago, attributed to the performance of his usual and customary job tasks. The patient is being treated for the diagnoses of sleep disturbance; hypertension; sprain of rib; thoracic spine disc protrusion T 12-L1; thoracic disc protrusion T8-T9; bilateral carpal tunnel syndrome; discogenic low back pain; discogenic cervical spine pain; trigger finger index finger left hand; bilateral carpal tunnel releases. The patient has been complaining of continued pain and discomfort to the bilateral wrists radiating to the elbow. The patient complains of pain in the lower back and rib cage. The objective findings on examination included healed surgical scar to the lower back; healed surgical scar to the bilateral wrists from CTR; medial lateral tenderness to the bilateral wrists; Phalen's test and Tinel's test are positive on the left wrist; decreased range of motion left wrist; cervical spine with mild paraspinal tenderness bilaterally; limited range of motion of the cervical spine due to pain; lumbar spine with positive SLR bilaterally; palpation reveals moderate paraspinal tenderness, muscle guarding, and spasm on the right L2-L3, L3-L4, and L4-L5; range of motion the lumbar spine diminished. The treatment plan included a urine toxicology screen and also a [REDACTED] narcotic wrist test/genetic testing. The patient was continued as TTD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] narcotic risk test, provided on June 18, 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-02. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--screening for risk of addiction;

**Decision rationale:** The treating physician has requested a genetic testing for narcotic risk for the patient who is 19 months s/p DOI with surgical intervention to the lumbar spine and reported chronic lower back pain and bilateral wrist pain s/p CTR. The CA MTUS does not recommend the prescription of opioids for chronic low back pain. There was no rationale provided to support the medical necessity of the prescribed genetic opioid risk testing or the genetic metabolism testing in relation to the ongoing treatment plan for this patient based on the assessments by pain management. The patient is prescribed Opioids contrary to the recommendations of the evidence-based guidelines. The prescribed medications are not demonstrated to have a recommendation for the obtaining of genetic metabolism testing or genetic opioid risk testing. There is no demonstrated medical necessity to assess for genetic markers for opiate addiction/dependency issues. There is no demonstrated medical necessity for genetic testing of metabolism to contribute to the management of chronic pain issues. Patient has been provided opiates for prolonged period time and is currently postoperative. Pain management provided no rationale supported with objective evidence to support the medical necessity of genetic testing to evaluate the patient for narcotic risk or for metabolism issues. The test is ordered as a screening examination with no provided evidence to support medical necessity. There is no demonstrated medical necessity for the requested genetic testing for narcotic risk metabolism for this patient. There was no demonstrated medical necessity for the provided [REDACTED] narcotics wrist test performed on 6/18/2014.