

<b>Case Number:</b>	CM14-0165748		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and leg pain reportedly associated with an industrial injury of February 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; psychological counselling; sleep aids; and extensive periods of time off of work. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for a urine drug testing and DNA testing. The applicant's attorney subsequently appealed. In an April 2, 2014 psychological evaluation, it was acknowledged that the applicant was disabled owing to mental health issues. The applicant was using Cymbalta and melatonin. The applicant was kept off of work, on total temporary disability, from a mental health perspective, for an additional month. On April 2, 2014, the applicant reported persistent complaints of neck and left shoulder pain status post recent left shoulder surgery. The applicant was kept off of work, on total temporary disability. On June 18, 2014, the applicant was again asked to employ Cymbalta for her depressive symptoms. Psychological testing was sought. On June 25, 2014, the applicant was again placed off of work, on total temporary disability, at this time from a medical perspective. Depression, neck pain, and shoulder pain were also evident. The drug testing and DNA testing at issue were apparently sought via an RFA form dated September 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UA drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), 2011

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state what drug tests and/or drug panels are being sought, when an applicant was last tested, and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not clearly outline when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being sought, based on the documentation on file. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

**DNA Pharmacokinetic genotyping:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), 2011

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for Pain topic. Page(s): 42.

**Decision rationale:** As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is "not recommended" in the diagnosis of pain, including chronic pain. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on DNA testing in the chronic pain context present here. Therefore, the request was not medically necessary.