

<b>Case Number:</b>	CM14-0081689		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, 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 patient is a 40-year-old male who has submitted a claim for sprains and strains of the upper arm associated with an industrial injury date of November 13, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck, upper back, mid back, low back, right shoulder, right wrist and right hand pain. No significant medical history was noted. On examination, there was tenderness to the right trapezius, decreased right shoulder range of motion with flexion 140/180, extension 30/50, abduction 140/180, adduction 40/50, internal rotation 70/90, and external rotation 70/90. There was also a well-healed scar on the right forearm, decreased range of motion of the right forearm and minimally decreased right wrist ulnar deviation. Treatment to date has included surgery to his right forearm, physical therapy, and analgesics. Utilization review from May 6, 2014 denied the request for prove narcotic test because this type of testing is still in experimental stage and the guidelines presently do not recommend its usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotic Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Genetic testing for potential opioid abuse;  
<http://www.proovebio.com/index.php/solutions/narcotic-risk/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, [REDACTED] Narcotic Risk.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, 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. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In this patient's case, a [REDACTED] narcotic test was requested to identify the genetic risk factors of narcotic abuse, tolerance and dependence to improve the patient's outcome and contain or avoid costs from unnecessary high dose narcotic usage. However, the ODG guidelines do not recommend this type of testing. There is no discussion concerning need for variance from the guidelines. Therefore, the request for [REDACTED] Narcotic Test is not medically necessary.