

<b>Case Number:</b>	CM15-0011763		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/17/1998
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72 year old male, who sustained an industrial injury on 4/17/1998. The diagnoses have included neck pain, post laminectomy syndrome of the cervical region, chronic pain due to trauma, facet arthropathy and cervicgia. Treatment to date has included a spinal cord stimulator and pain medications. Surgical history included C4 T1 anterior fusion. According to the visit report dated 11/26/2014, the injured worker complained of moderate to severe back pain. The location of pain was the upper, middle and lower back, gluteal area and left shoulder. Pain radiated to the left ankle, left arm, left calf, left foot and left thigh. The pain was described as an ache, discomforting, numbness, shooting and throbbing. Symptoms were relieved with pain medications and rest. Pain was rated as 7/10. Physical exam revealed active, painful range of motion of the cervical spine. Inspection of the cervical spine revealed crepitus and maximum tenderness to the trapezius. The physician record noted that the injured worker complained of left sided upper cervical facet and occipital nerve pain; he had responded well to facet injections twice in the past. It was noted that the injured worker had remained stable on his pain medication regimen for many years and liked to minimize them to reduce tolerance. A urine toxicology report from 10/31/2014 had inconsistent results for hydrocodone. The physician plan was to schedule medial branch nerve block and perform serum hydrocodone and metabolite. On 1/8/2015, Utilization Review (UR) non-certified a request for serum hydrocodone and metabolite, noting guidelines recommended urine drug testing. UR non-certified a request for Left C2, C3 Medial Branch and Third Occipital Nerve Blocks, noting that additional information

regarding the prior injections would be required to support this request. The MTUS and ODG were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone and Metabolite serum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810: Not recommended. Cytokine DNA Testing, page 709

**Decision rationale:** There was no mention of indication or specifics for justification of this opioid metabolite testing. It is unclear what specific type of testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressants and antipsychotics affect each person differently. By checking the DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient responds to a particular antidepressant and antipsychotic; however, there is no such identified medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic metabolite testing outside guidelines criteria. Additionally, per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of pain. Regarding molecular testing, MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a genetic component to addictive behavior, current research remains experimental in terms of testing as results are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria. Translating pharmacogenetics to clinical practice remains challenging as the context of pain, the complexity of the overall subjective nature of pain perception and response to analgesia are numerous and variable and a genetic test to tailor the opiate dosing to provide the optimal analgesia is unlikely. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines? Non-recommendation. The Hydrocodone and Metabolite serum is not medically necessary and appropriate.

**Medial branch and third occipital nerve block at left C2 and C3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 2, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

**Decision rationale:** Guidelines state Greater Occipital Nerve Block is considered under study for use in treatment of primary headaches as studies show conflicting results, and when positive, have found response limited to a short-term duration. Additionally, Facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches as recent randomized controlled trial although noted some improvement at 3 months; however, found no difference in outcome at 24 months from the sham control group. In this case, submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from the previous occipital nerve block rendered. Criteria for diagnostic blocks also include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating pain without associated numbness. The patient had undergone previous blocks; however, without demonstrated specific functional benefit. Additionally, Guidelines note Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. The Medial branch and third occipital nerve block at left C2 and C3 is not medically necessary and appropriate.