

<b>Case Number:</b>	CM15-0172526		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 was a 46 year old male, who sustained an industrial injury, April 18, 2012. According to progress note of July 27, 2015, the injured worker's chief complaint was right elbow, left foot and right shoulder pain. The right elbow had constant pain. The pain was rated at 6 out of 10. The pain only occurred when extending the right arm. The left foot continued to hurt. The pain was unchanged. There were associated symptoms of numbness and tingling. The physical exam noted the right elbow was negative for Tinel's ulnar nerve at the elbow. The sensation was intact to the left and right forearm. The motor strength was 5 out of 5 at this time. The right shoulder had slight to moderate pain according to the treating physician. The internal and lateral inversion was slightly improved. The left foot there was slight tenderness of the plantar fascia with no ligamentous instability. The peroneal and posterior tibial tendon and Achilles tendon were intact. The injured worker was undergoing treatment for spasms of muscles, shoulder strain and or sprain rotator cuff, superior glenoid labrum lesion, shoulder arthralgia, shoulder impingement and bursitis and cubital tunnel syndrome. The injured worker previously received the following treatments physical therapy and aquatic therapy for the right shoulder, home exercise program, Norco, Tylenol #4, Naproxen, right shoulder MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity which showed mild right compression of the right ulnar nerve at or near the medial condyle; on January 9, 2015 right shoulder arthroscopic surgery decompression rotator cuff repair and labral debridement. The RFA (request for authorization) dated July 31, 2015; the following treatments were requested advanced DNA collection kit NDC to check how the injured metabolized

medications, SMA 18 and liver function testing, the injured worker was taking Norco. The UR (utilization review board) denied certification on August 6, 2015, for the DNA collection kit NDC; there was no current evidence to support the use of this exam, the SMA 18 and liver functions were not medically necessary.

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

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

#### **Advanced Deoxyribonucleic Acid Collection Kit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Recent research findings suggest the relationship between genetic predisposition and clinical behavior, including the risk of opioid misuse and addiction. While urine drug testing may hint at genetic issues regarding opioid metabolism, cheek swab DNA testing has become economically viable. Genetic testing may explain and predict many of the clinical responses seen with opioids and adjuvant medications, and may help the clinician identify those patients at genetic risk of opioid misuse and addiction. To date, the CA MTUS guidelines do not recommend the use of DNA cytokine testing in the management of chronic pain. The patient's use of opioid medications can be monitored according to the guideline recommended use of urine drug screens. Medical necessity for the requested test is not established. The requested test is not medically necessary.

#### **SMA 18 to Check Liver Function: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20128967>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** The best test of liver function are Liver function tests (LFTs or LFs). These are a group of blood tests that give information about the state of a patient's liver. These tests include prothrombin time (PT/INR), aPTT, albumin, bilirubin (direct and indirect), and others. Liver transaminases (AST or SGOT and ALT or SGPT) are useful biomarkers of liver injury in a patient with some degree of intact liver function. The patient is maintained on Acetaminophen and Naproxen therapy and should have regular assessment of his liver function. There is no specific indication for an SMA 18. The patient can undergo specific liver function tests. Medical necessity for the requested item is not established. The requested item is not medically necessary.