

<b>Case Number:</b>	CM15-0071349		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 54 year old male, who sustained an industrial injury on August 18, 2006. He reported back, neck and shoulder pain. The injured worker was diagnosed as having rotator cuff rupture, adhesive capsulitis and superior glenoid labrum lesion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, conservative care, H-wave device, medications and work restrictions. A 12/16/14 progress note indicates that the patient had illicit methamphetamines in his urine drug screen. Currently, the injured worker complains of continued back, neck and shoulder pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 13, 2014, revealed continued pain as noted. A retrospective request for pharmacological testing, provided on December 16, 2014, was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacological testings, provided on December 16, 2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Genetic testing for potential opioid abuse.

**Decision rationale:** Pharmacological testings, provided on December 16, 2014 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The ODG states that 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. The guidelines do not support this testing, as the research is still considered experimental in terms of testing, therefore the request is not medically necessary.