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| Case Number: | CM13-0007954 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 08/24/2010 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/06/2013 |

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 Family 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:

This is a 36 year old male who reported an industrial injury to the back on 8/24/2010, four years ago, attributed to the performance of customary job tasks. The patient subsequently underwent surgical intervention to the lumbar spine. Post operatively the patient reported that the pain was greatly reduced and almost absent. There was no rationale to support the medical necessity of the performed drug metabolism testing reported on date of service 6/5/13 by [REDACTED] to evaluate genetic predisposition to drug metabolism issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] DRUG METABOLISM TEST TO EVALUATE DRUG METABOLISM: 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 Opioids Page(s): 80-02. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--screening for risk of addiction.

Decision rationale: The treating physician as requested a genetic DNA testing evaluating metabolism for drug or for narcotic risk for the patient who is s/p surgical intervention to the lumbar spine with decreased pain and minimal medication use. There is no demonstrated medical

necessity to assess for genetic markers for opiate addiction/dependency issues. The requesting physician provided no rationale supported with objective evidence to support the medical necessity of genetic testing to evaluate the patient for narcotic risk or for metabolic issues. The test is ordered as a screening examination with no provided evidence to support medical necessity. There is no demonstrated medical necessity for the requested genetic testing for narcotic risk for this patient. There is no evidence based guidelines provided to support the medical necessity of DNA or genetic testing to provide treatment for the post operative rehabilitation of the lower back. The prescribed medications are not demonstrated to have a recommendation for the obtaining of genetic metabolism testing or genetic opioid risk testing. There is no demonstrated medical necessity to assess for genetic markers for opiate addiction/dependency issues or for issues related to metabolism of prescribed medications. There is no demonstrated medical necessity for genetic testing of metabolism to contribute to the management of chronic pain issues related to the hands, wrists, and elbows for the cited diagnoses. The treating physician provided no rationale supported with objective evidence to support the medical necessity of genetic testing to evaluate the patient for narcotic risk or for metabolism issues. The test is ordered as a screening examination with no provided evidence to support medical necessity. There is no demonstrated medical necessity for the requested genetic testing for narcotic risk or metabolism issues related to drug management for this patient.