

<b>Case Number:</b>	CM13-0014879		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 49-year-old male who reported an injury on 05/20/2003. The patient was recently evaluated by [REDACTED] on 08/01/2013. The patient complained of persistent low back pain. Physical examination revealed slight stiffness with guarding of the thoracic spine and left knee, slightly stiff and guarded gait, limited lumbar range of motion, positive straight leg raising on the right, musculoskeletal trigger points palpable in bilateral perithoracic and low trapezius muscles, as well as infrascapular and right quadratus lumborum, hypersensitivity to touch in these areas, and tenderness to palpation of the medial aspect of bilateral lower extremities with guarding. The patient is diagnosed with lumbar spine radiculopathy, muscle spasm, fibromyalgia and myositis, and thoracic spine pain. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) narcotic risk laboratory test genetic risk for narcotic dependence on 6/25/2013:**  
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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Genetic testing for potential opioid abuse

**Decision rationale:** The Official Disability Guidelines indicate that genetic testing for potential opioid abuse is not recommended. Studies are inconsistent, with inadequate statistics and large phenotype range. As per the clinical notes submitted, the patient's injury was 10 years ago to date. He is currently being treated for chronic low back pain. The patient continuously utilizes multiple medications. Based on the evidence-based guidelines and the clinical information received, the request is non-certified.