MAXIMUS Federal Services

Case Number:	CM13-0026529		
Date Assigned:	06/06/2014	Date of Injury:	10/14/2011
Decision Date:	07/29/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 56-year-old man with a work-related injury dated 10/14/11, resulting in chronic pain. The diagnoses include cervical discopathy, lumbar discopathy, status post right shoulder surgery, bilateral carpal tunnel syndrome, and bilateral plantar fasciitis. The treating primary provider has ordered a genetic test to evaluate the patient's genetic predisposition in cytochrome P450 drug-metabolizing enzymes to assess the potential for opioid abuse. The prescription for genetic testing was made on 4/15/13. The injured worker at that time continued to complain of chronic pain in the shoulder, cervical spine, lumbar spine, hand, and wrists. The exam showed continued tension with positive axial loading compression with extension of symptomatology in upper extremities, and right shoulder joint line tenderness to palpation anteriorly with impingement and limited range of motion. The patient's treatment plan was for topical and oral analgesic medication, including Tramadol (an opioid). Imaging of the right shoulder was ordered. Under consideration is the service of Genetic Screening that was denied at the time of UR on 7/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective genetic screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/painr.htm), Genetic testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary.

Decision rationale: According to the ODG, genetic testing for potential opioid abuse is not recommended at this time and is considered experimental. In this case, the patient has chronic pain treated with opioid and non-opioid medications. The documentation does not indicate that the patient has had abnormal urine toxicology or that the patient is suspected of abuse or misuse of opioid medications. Therefore, the use of genetic testing was not medically necessary.