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| Case Number: | CM13-0029355 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 05/20/2003 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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 male who reported injury on 05/20/2003. There was no physical examination supplied. There was no mechanism of injury or patient date of birth supplied. The request was made for 1 narcotic risk laboratory test genetic risk for narcotic dependence, date of service 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Narcotic Risk Laboratory Test Genetic Risk for Narcotic Dependence, DOS: 8/1/2013:
Upheld

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

Decision rationale: Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. The Official

Disability Guidelines do not recommend genetic testing. There was a lack of documentation indicating the necessity for the test. Additionally, there was no clinical provided. Given the above, the request for 1 Narcotic Risk Laboratory Test Genetic Risk for Narcotic Dependence, DOS: 8/1/2013 is not medically necessary.