

Case Number:	CM13-0035723		
Date Assigned:	02/03/2014	Date of Injury:	11/10/2008
Decision Date:	06/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in 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 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 patient is a 46 year old male who initially presented with complaints of low back pain. The MRI of the lumbar spine dated 12/17/08 revealed an annular tear at the L4-5 level with an accompanying 2-3mm posterior disc bulge. No stenosis or neuroforaminal narrowing was identified. The clinical note dated 02/21/13 indicates the patient having undergone a urine toxicology screen. The screen was completed in order to monitor the patient's compliance and identify any possible drug interactions. The note indicates the patient having tested positive for Oxymorphone and Oxycodone. The clinical note dated 03/29/13 indicates the patient continuing with complaints of low back pain. The note indicates the patient continuing with the use of Norco and Naprosyn as well as Neurontin for ongoing pain relief. Continued lab studies were completed on 05/24/13 and 07/05/13. The clinical note dated 07/01/13 indicates the patient being recommended for a 1 time laboratory test to assess the patient's genetic predisposition for prescription narcotic dependence or tolerance. The clinical note dated 09/03/13 indicates the patient continuing to be recommended for a 1 time laboratory test to include the PROOV drug metabolism test to evaluate for genetic predisposition. The clinical note dated 10/15/13 indicates the patient continuing with low back pain. The note indicates the initial injury occurred when he was lifting and loading a printing press resulting in low back trauma. The patient also underwent a surgical intervention in the low back as well as injection therapy. Tenderness was identified at the midline of the lumbar spine. The patient has a positive straight leg raise on the right at 35 degrees and on the left at 25 degrees. The patient was recommended for an epidural steroid injection as well as pilates, a gym membership, and a selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROOVE METABOLISM LABORATORY TEST TO EVALUATE GENETIC PREDISPOSITION TO DRUG METABOLISM: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins; Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Based on the above literature, Lab testing would be indicated provided the patient meets specific criteria to include the need to assess the patient's drug interactions as well as the patient's response to previously rendered medication therapy. The documentation indicates the patient complaining of a long history of low back pain. The patient is undergoing medication therapy to address the low back complaints. No information was submitted regarding the patient's need for genetic testing. No information was submitted regarding the patient's adverse reactions to any previously administered medications. Furthermore, there was documentation regarding the patient's newly prescribed medications. Therefore, the request for for provee metabolism laboratory test to evaluate genetic predisposition to drug metabolism is not medically necessary and appropriate.