

<b>Case Number:</b>	CM13-0037432		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, Pulmonary Diseases 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:

The injured worker is a 38-year-old male who reported injury on 01/29/2011. The mechanism of injury was the injured worker was carrying slings and wrenches when he slipped and fell down stairs. The documentation of 10/02/2013 revealed the injured worker's medications included Ambien, Norco, Mobic, and Zanaflex. The injured worker's pain level was an 8/10. A request was made for medication refills and a urine drug screen. The diagnoses included spinal enthesopathy, lumbago, lumbosacral spondylosis without myelopathy, chronic pain syndrome, lumbosacral radiculitis and disc disorder of the lumbar region. The treatment plan included neuromodulation, medical marijuana, medication, and return to the clinic as scheduled. The request per the submitted documentation was for a genetic testing cytochrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENETIC TESTING CYTOCHROME:** 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 Official Disability Guidelines (ODG), Pain Chapter, Genetic Testing For Potential Opioid Abuse.

**Decision rationale:** The Official Disability Guidelines indicate that genetic testing is not recommended. The clinical documentation submitted for review failed to provide documented rationale for the requested service. There was a lack of documentation requesting the service. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for genetic testing cytochrome is not medically necessary.