

Case Number:	CM13-0046899		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2012
Decision Date:	02/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 33 year old male who sustained a left injury on 01/04/2012. The mechanism of injury was not provided. He has diagnoses of left knee pain and lumbar radiculitis. He is s/p left knee arthroscopic partial medial meniscectomy, and anterior medial and lateral compartment synovectomy. On exam his range of motion is 10-120 degrees with complaints of pain with walking. He has been treated with medical therapy including, non-steroidal anti-inflammatory medications (Naprosyn) and opiates (Norco, Tramadol) for pain relief. The treating provider has requested the Proove Narcotic Risk laboratory test to identify if the claimant is at a genetic risk for dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Narcotic Risk laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Treatment of Chronic Pain 2012.

Decision rationale: There is no documentation provided necessitating genetic testing for treatment of this claimant's chronic pain condition. The patient has no history of opiate addiction and has been treated previously with opiate therapy (Norco/Tramadol) without issue. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine a patient's addictive probability. The testing would not provide any benefit to the treatment of his chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.