

Case Number:	CM13-0053408		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2012
Decision Date:	03/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 Family Medicine, has a subspecialty in Pain Medicine, 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 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 49-year-old male, who sustained an injury on 2/3/12 resulting in neck, shoulder, right wrist and low back pain. His diagnosis included ligamentous injury to the cervical region, lumbosacral region and a herniated nucleous pulposis. His pain was previously managed by therapy, epidural injections, transdermal ointments, Norco, and Zanaflex. On 9/9/13, the treating physician ordered a [REDACTED] Drug Metabolism test to evaluate for 64 variations of drug metabolism, genetic pre-disposition to cytochrome P450 Drug metabolism, and 2D6 metabolism (which is used to determine effectiveness of Vicodin vs. Percocet) as well as risks of side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] drug metabolism 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 Official Disability Guidelines (ODG), Pain Management Guidelines.

Decision rationale: The MTUS and the ACOEM do not make statements regarding drug metabolism lab testing. According to the Official Disability Guidelines (ODG), genetic testing for potential opioids abuse is "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." In addition, opioid metabolism assessment is not routine practice. There is no indication that there is intolerance to opioids and the pain has been routinely managed with epidural steroid injections. The [REDACTED] Drug Metabolism Testing is not medically necessary.