

<b>Case Number:</b>	CM13-0055259		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 21-year-old female who was injured on May 24, 2013. The patient slipped in a puddle causing her to fall and injure her right ankle. The patient continues to experience right ankle pain. An MRI of the right ankle done in June 2013 showed swelling of the right Achilles tendon. Examination shows no swelling and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROOVE Biosciences narcotic risk laboratory test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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)

**Decision rationale:** A PROOVE Biosciences narcotic risk laboratory test is a genetic test to identify patients at elevated risk for the brain chemical imbalances that lead to tolerance, dependence, or abuse of prescription pain medications. Genetic testing for potential opioid use is not recommended. Current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics, and large phenotype range. The lack of information does not allow determination for medical necessity and safety. As such, the request is noncertified.

