

<b>Case Number:</b>	CM13-0061838		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Occupational 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:

According to the records made available for review, this is a 55-year-old female with a 5/23/09 date of injury. At the time of request for authorization for pharmacogenetic baseline testing, there is documentation of subjective (right knee pain radiating into the groin area and numbness and burning in both hands) findings, current diagnoses (osteoarthritis NOS, chronic post-op pain, chronic pain due to trauma, and cervicgia), and treatment to date (Butrans patch). In addition, plan indicates pharmacogenetic testing as the patient has a history of intolerance to many medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACOGENETIC BASELINE TESTING:** 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), WEB EDITION, PAIN CHAPTER.

**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 MTUS guidelines do not specifically address this issue. The ODG guidelines indicate that genetic testing for potential opioid abuse is not recommended. Therefore, based on guidelines and a review of the evidence, the request for pharmacogenetic baseline testing is not medically necessary.