MAXIMUS Federal Services

Case Number:	CM13-0063780		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2001
Decision Date:	05/07/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, has a subspecialty in Preventative 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 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:

Male claimant sustained a work related injury on resulting in chronic back pain. He had a diagnosis of degenerative spondylosis of the lumbar spine. The claimant had 8/10 pain, gait difficult and sleep disturbance due to pain. His pain had been managed with oral Oxycontin and Oxymorphone for several months. On 9/6/13 the treating physician ordered a PROOVE DNA test to determine if the claimant has a genetic risk of developing opioid addiction, or abuse potential. The claimant had a risk score of 18 which was associated with a higher risk of narcotic tolerance and dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PROOVE DNA TEST WITH A SWAB: 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), PAIN CHAPTER (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 87-91.

Decision rationale: The guidelines do not mention or support the use of DNA testing to predict risk of opioid abuse. In addition, there was no prior documentation of the risk tools noted above

to determine abuse risk. Based on the guidelines, the Proove DNA test is not medically necessary.