

<b>Case Number:</b>	CM14-0004508		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/24/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Internal 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:

The patient is a 39-year-old who has submitted a claim for sprain of lumbar region associated with an industrial injury date of March 24, 2002. Medical records from 2013 were reviewed showing that patient complains of low back pain described as severe needles and pins with radiation to the lateral aspect of the left leg and left thigh. The pain is aggravated by lifting and standing and relieved by medications. Most of the progress notes provided were handwritten and incomprehensible. Treatment to date has included pain medications. Utilization review from January 13, 2014 denied the request for Genetic Testing because it is an unproven treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENETIC TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYTOKINE DNA TESTING

**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 CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that genetic testing for potential narcotic 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. In this case, medical records submitted and reviewed did not provide rationale for this request. It is unclear why such is being requested even when guidelines do not recommend its use. There was no discussion concerning genetic predisposition towards addiction and opioid tolerance. The medical necessity has not been established. The request for genetic testing is not medically necessary or appropriate.