

Case Number:	CM14-0102337		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2000
Decision Date:	09/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 57 year old man with a date of injury of 10/23/00. He was seen by his provider on 6/10/14 with complaints of low back pain with radiation to his legs. He has had relief with TENS unit, physical therapy, acupuncture and chiropractic care. His medications included flexeril, valium, vicodin, lidoderm patch and flector patch. His physical exam showed normal mood and affect. He had well preserved lower extremity strength and pain (medial > lateral) with palpation of both knee joints. His knee range of motion was well preserved and his gait was normal. His exam was said to be unchanged. A discussion regarding pain medications and the use of medical marijuana was documented. At issue in this review is the request for genetic metabolism test and genetic opioid risk test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic Metabolism Test #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate overview of pharmacogenomics.

Decision rationale: Pharmacogenetic testing is available in certain drug classes, and may help doctors understand why individuals respond differently to various drugs to inform therapeutic decisions. There are now FDA guidelines for genetic markers use to guide therapy for a variety of medications including opioids. However, in this injured worker, the records do not indicate that he has had difficulty with opioids with regards to response to therapy or adverse side effects. Therefore, it is not medically necessary for Generic metabolism testing.

Generic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate overview of pharmacogenomics.

Decision rationale: Pharmacogenetic testing is available in certain drug classes, and may help doctors understand why individuals respond differently to various drugs to inform therapeutic decisions. There are now FDA guidelines for genetic markers use to guide therapy for a variety of medications including opioids. However, in this injured worker, the records do not indicate that he has had difficulty with opioids with regards to response to therapy or adverse side effects. Therefore, the records do not justify the medical necessity for genetic opioid risk testing.