

Case Number:	CM14-0104233		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2014
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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 25 year old man with a date of injury of 3/7/14. He was seen by his primary treating physician on 5/9/14 with complaints of pain in his neck upper and lower back, right knee and legs. His pain was said to be reduced with rest, activity modifications and heat. He did not recall his current medications. His physical exam showed normal ambulation. He had normal thoracic spine range of motion but did have pain. His straight leg raises were positive bilaterally. He had normal lower extremity reflexes. His motor and sensory exam of his lower extremities appeared normal. He had mild paraspinal tenderness and muscle guarding bilaterally. His lumbar spine range of motion was minimally reduced and he had nonspecific tenderness to palpation of his right knee with reduced knee flexion. His diagnoses included complex laceration of right knee, rule out meniscus tear, knee contusion and lumbar/thoracic spine sprain/strain. At issue in this review is a narcotic risk test to identify genetic risk factors of narcotic abuse, tolerance and dependence to improve patient outcomes and contain or avoid costs from unnecessary high dose narcotic usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. The note of 5/14 indicates that the worker does not recall which medications he is taking and it is not documented in the note that he is taking opioids. Therefore the records do not justify the medical necessity for genetic metabolism testing.