

Case Number:	CM14-0105830		
Date Assigned:	07/30/2014	Date of Injury:	06/15/2011
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old female who reported an injury on 06/15/2011 after a cabinet fell on her. The injured worker reportedly sustained an injury to her cervical spine. The injured worker ultimately underwent cervical fusion at the C5-6 and C6-7 followed by postoperative physical therapy. The injured worker's postsurgical chronic pain was managed with multiple medications. Medications included Norco, tramadol, simvastatin, levothyroxine, triamterene, and cyclobenzaprine. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 04/02/2014. It was noted that the injured worker had continued pain complaints of the cervical spine rated at a 6/10. The injured worker's treatment history included nerve blocks, epidural steroid injections, a TENS unit, physical therapy, acupuncture, chiropractic care, and pain management. The physical findings included restricted range of motion secondary to pain in the cervical spine. It was also noted that the injured worker had restricted range of motion in the lumbar spine with palpable trigger points. The injured worker's diagnoses included cervical radiculopathy. A request was made for genetic metabolism testing. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism with Proove Biosciences: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 requested genetic metabolism with Proove Biosciences is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines do not recommend genetic testing. Studies are inconsistent and they are inadequate scientifically controlled studies to support the efficacy of using this diagnostic study to evaluate for possible addictive behavior. The clinical documentation submitted for review does not support that the injured worker has any type of aberrant behavior. It is noted that the injured worker is monitored for noncompliance with urine drug screens. The clinical documentation submitted for review does not provide any justification of why this genetic testing would be more appropriate than more traditional screening. As such, the requested genetic metabolism with Proove Biosciences is not medically necessary or appropriate.

Genetic Opioid risk test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 requested genetic opioid risk test is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines do not recommend genetic testing. Studies are inconsistent and they are inadequate scientifically controlled studies to support the efficacy of using this diagnostic study to evaluate for possible addictive behavior. The clinical documentation submitted for review does not support that the injured worker has any type of aberrant behavior. It is noted that the injured worker is monitored for noncompliance with urine drug screens. The clinical documentation submitted for review does not provide any justification of why this genetic testing would be more appropriate than more traditional screening. As such, the requested genetic opioid risk test is not medically necessary or appropriate.