

Case Number:	CM14-0106271		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2000
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 records presented for review indicate that this 51 year-old male was reportedly injured on July 28, 2000. The injured worker suffered specific injury as a roofer. The most recent progress note, dated July 15, 2014 indicates that there are ongoing complaints of back pain. The physical examination demonstrated decreased range of motion and no psychomotor retardation. Diagnosis reported was Degenerative Lumbar Disc Disease (722.52) Treatments reported Intrathecal (IT) pump implanted, on 12/12/13 due to chronic, sever, and intractable pain. IT morphine pump was recently increased, and patient has returned gainful employment and is pleased with IT therapy. Urine drug screen was reported on the 06/10/14. A request had been made for Molecular pathology procedure (genetic testing for prescribing opiates) and was denied in the pre-authorization process on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure (genetic testing for prescribing opiates)/denied by physician advisor: 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)

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 request for genetic testing for prescribing opiates is not supported as medically necessary. The Official Disability Guidelines does not support genetic testing noting that studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. As such medical necessity is not established.