

Case Number:	CM14-0107100		
Date Assigned:	08/01/2014	Date of Injury:	08/11/2010
Decision Date:	10/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational 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 50-year-old female who has submitted a claim for cervical strain, L5-S1 disc herniation with stenosis and radiculopathy, and brachial neuritis NOS associated with an industrial injury date of 8/11/2010. Medical records from 11/2013 up to 7/8/2014 were reviewed showing back and neck pain with upper and lower extremity radicular symptoms. Pain is described as sharp, aching, and stiff. Physical findings revealed tenderness over the paravertebral cervical, thoracic, and lumbar musculature. Sensation was grossly intact. Treatment to date has included Gaviscon, Tramadol, Norco, Neurontin, Cyclobenzaprine, Flexeril, and Prevacid. Utilization review from 6/24/2014 denied the request for Genetic Metabolism test and Genetic Opioid Risk test. The doctor feels that medicine affects each patient differently. However, genetic testing for potential opioid abuse is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism 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 (ODG), Treatment in Workers Compensation (TWC), 2014 Web Based Edition, and Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

Decision rationale: Page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, Official Disability Guidelines states that genetic testing for potential opioid 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, the primary physician requested for this test because he feels that medicine affects each patient differently. However, the guidelines do not recommend this type of testing. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Genetic Metabolism test is not medically necessary.

Genetic 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 (ODG), Treatment in Workers Compensation (TWC), 2014 Web Based Edition, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

Decision rationale: Page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, Official Disability Guidelines states that genetic testing for potential opioid 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, the primary physician requested for this test because he feels that medicine affects each patient differently. However, the guidelines do not recommend this type of testing. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Genetic Opioid Risk test is not medically necessary.