

Case Number:	CM14-0107675		
Date Assigned:	08/01/2014	Date of Injury:	09/23/2004
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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:

Patient is a 59-year-old female who has submitted a claim for chronic pain syndrome, displacement of lumbar disc, degeneration of lumbar disc, and muscle spasm associated with an industrial injury date of September 23, 2004. Medical records from 2011 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity, rated 9/10 in severity, aggravated by activities. Patient likewise complained of nausea. She is currently on intrathecal pain management. Range of motion of the lumbar spine was restricted. Patient ambulated using a cane. The request for genetic testing is to determine enzymes that metabolize opiates for proper opiate selection management. Treatment to date has included intrathecal pump since 2008, and medications such as hydrocodone, Soma, ibuprofen, ondansetron, and Prozac. Utilization review from June 10, 2014 denied the request for molecular pathology procedure because it was unclear how it would influence treatment. There was also no mention of any sudden changes in patient's medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: www.odgtwc.com/odgtwc/painr.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse.

Decision rationale: The 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, ODG 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, patient complained of low-back pain radiating to the right lower extremity. Patient is currently on intrathecal pump management. Genetic testing was requested to help identify enzymes used to metabolize opiates and to better guide in opiate selection management. However, there was no side effect profile of concern. There was no discussion concerning genetic predisposition towards addiction and opioid tolerance. There was no compelling rationale for this procedure. The medical necessity was not established. Therefore, the request for a molecular pathology procedure was not medically necessary or appropriate.