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| <b>Case Number:</b>   | CM14-0107683 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 01/08/2007 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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:

The patient is a 50-year-old female who has submitted a claim for postlaminectomy syndrome associated with an industrial injury date of 1/8/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of low-back pain radiating to the right lower extremity, described as a burning, shooting, stabbing, sharp, tender, and aching. Patient was unable to wean from opioid therapy. There was no side effect profile of concern. Patient is currently on intrathecal pump management. Range of motion of the lumbar spine was not assessed due to presence of a pump. Urine drug screen from 3/12/2014 was consistent with prescribed medications. Genetic testing was requested to help identify enzymes used to metabolize opiates and to better guide in opiate selection management. Treatment to date has included intrathecal therapy, surgery, and medications. Utilization review from 6/12/2014 denied the request for molecular pathology procedure because there was no clear documentation of findings for which genetic cytochrome P450 testing for opiate metabolic defect was indicated.

### 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 Journals, Physician Reference.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, 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, the patient complained of low-back pain radiating to the right lower extremity, described as a burning, shooting, stabbing, sharp, tender, and aching. The patient was unable to wean from opioid therapy. The 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 as stated. A urine drug screen from 3/12/2014 was consistent with prescribed medications. 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 Molecular pathology procedure is not medically necessary.