

<b>Case Number:</b>	CM14-0108442		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 10/25/2000 while moving a table. She was diagnosed with low back pain with radiculitis and sacroiliitis. She was treated with oral medications, physical therapy, intradiscal electrothermal treatment, and surgery (lumbar fusion, hardware removal). Later she continued to experience chronic low back pain and was diagnosed with failed back syndrome and post-laminectomy syndrome. She was being treated by an orthopedic physician, psychiatrist, and pain specialist, but the pain specialist visits later were not being covered by her insurance. On 6/12/14, she was seen for the first time by a new pain specialist complaining of right lower back pain with radiation down her buttocks and right leg/foot with associated numbness, tingling and burning sensations in the right leg. She also reported weakness and muscle spasms. She also reported her pain level averaging 3-5/10 on the pain scale. She reported taking the following medications: Synthroid, Effexor, trazodone, Xanax, and amlodipine. She was then recommended to repeat a lumbar MRI, see a chiropractor, see pain psychologist, and use Flexeril, Norco, Duexis, and Lidoderm ointment. She also was ordered a Prove Narcotic Risk laboratory test to identify genetic risk factors of narcotic abuse, tolerance, and dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, p. 42 Page(s): 42.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend cytokine DNA testing or any related tests for the purpose of diagnosing pain or assessing risk of chronic pain. The MTUS is silent in regards to the specific tests requested by the treating physician in this case (Proove Narcotic Risk testing and Proove Drug Metabolism testing). Although interesting and promising, the scientific research on these testing methods is still in the experimental phase, and currently cannot be recommended until more quality research comes about. Therefore, the genetic metabolism and opioid risk tests are both not medically necessary until they can be proven to be helpful beyond general screening for risk factors and side effects in larger controlled trials.

**Genetic metabolism test:** Upheld

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