

Case Number:	CM14-0012052		
Date Assigned:	02/21/2014	Date of Injury:	08/16/2013
Decision Date:	07/03/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 Internal 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 injured worker is a 56-year-old male who reported an injury on 08/16/2013. The mechanism of injury was the injured worker lifted a heavy trash can over shoulder height and was emptying the trash can into a large trash bin and the injured worker felt an immediate onset of low back pain. The documentation of 11/27/2013 revealed the injured worker's diagnoses included lumbosacroiliac sprain/strain and sacroiliac dysfunction associated with pelvic obliquity. The treatment plan included the injured worker may be a candidate for an epidural steroid injection in the low back or a facet injection. The request was made for an MRI of the lumbar spine. Additionally, the discussion with the injured worker included the injured worker was adamant about taking 2 tramadol 50 mg per day. The second urine drug screen came back negative for tramadol and the injured worker stated he was puzzled as to why that was occurring. The documentation indicated it was possible the injured worker was metabolizing tramadol faster than the average person. The request was made for millennium pharmacogenic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MILLENIUM PHARMACOGENIC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and large phenotype range. The documentation indicated the injured worker was taking tramadol 50 mg a day and the second urine drug screen came back negative for tramadol. Per Millenniumlabs.com "Millennium Pharmacogenetic Testing (PGT)SM is designed to detect genetic variations in enzymes associated with the metabolism of medications commonly prescribed to patients suffering from chronic pain and psychiatric disorders". However, there was a lack of documentation of exceptional factors to support the necessity for pharmacogenetic testing and the research is still experimental. Given the above, the request for Millennium pharmacogenetic testing is not medically necessary.