

Case Number:	CM14-0113813		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2012
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old male who reported an injury on 12/04/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculopathy; unspecified neuralgia, neuritis, and radiculitis. Past medical treatment consists of surgery, chiropractic therapy, ESIs, physical therapy, and medication therapy. Medications include Advil, Tylenol, Percocet, gabapentin, Duexis, and Norco. On 04/01/2014, the injured worker underwent a drug screen which showed that he was compliant with his medications. On 07/03/2014, the injured worker complained of chronic neck pain. Physical examination revealed that the injured worker had a positive Spurling's test bilaterally. Inspection revealed normal curvature of the cervical spine. The spine was non-tender. There was a palpable twitch, positive trigger points in muscles of the head and neck. Anterior flexion was noted to be 35 degrees. There was pain noted when neck was flexed anteriorly. Extension of cervical spine was noted to be 15 degrees, pain noted with extension. Left lateral rotation was noted to be 25 degrees. Painful left lateral rotation of cervical spine was reported by the injured worker. Motor strength was grossly normal except pain inhibited weakness in the left deltoid. Upper extremity sensation was decreased in the bilateral C5 and C6 distribution and in the left lateral chest wall. Lower extremity sensation was decreased to light touch in the left lateral thigh and calf area. Medical treatment plan was for the injured worker to undergo genetic metabolism test. The rationale and Request for Authorization form were not submitted for review.

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 Guideline (ODG) Treatment Workers Compensation (TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The ODG do not recommend this type of test. 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. Different studies use different criteria for definition of controls. Translating pharmacogenomics to clinical practice has been particularly challenging in the context of pain due to the complexity of this multifaceted phenotype and the overall submitted nature of pain perception and response to analgesia. On 04/01/2014, the injured worker underwent a UA showing that he was in compliance with his medication. Additionally, the provider failed to submit a rationale for the request. It is unclear as to why the provider feels that a genetic metabolism test is warranted when the injured worker has undergone UA testing in the past. Given that ODG do not recommend this type of testing and the lack of evidence, the request is not medically necessary.