

Case Number:	CM14-0118175		
Date Assigned:	08/06/2014	Date of Injury:	01/12/1995
Decision Date:	09/25/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

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 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:

According to the records made available for review, this is a 77-year-old male with a 1/12/95 date of injury. At the time (5/6/14) of the request for authorization for Genetic Metabolism Test, there is documentation of subjective (low back pain and neck pain) and objective (straight leg raise on the right is positive. There is pain noted over the lumbar intervertebral spaces (discs) on palpation, palpable twitch positive trigger points are noted in the lumbar paraspinal muscles, gait appears to be antalgic, anterior lumbar flexion causes pain, there is pain noted with lumbar extension, and hypoesthesia right lower extremity L5 and S1 pattern) findings, current diagnoses (radiculopathy, dizziness/vertigo, spasm muscle, radiculopathy cervical, and spondylosis cervical), and treatment to date (medication). There is no documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated (such as: to screen for CYP450 defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a CYP450 defect).

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: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated (such as: to screen for CYP450 defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a CYP450 defect), as criteria necessary to support the medical necessity of genetic metabolism testing. Within the medical information available for review, there is documentation of diagnoses of radiculopathy, dizziness/vertigo, spasm muscle, radiculopathy cervical, and spondylosis cervical. However, there is no documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated (such as: to screen for CYP450 defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a CYP450 defect). Therefore, based on guidelines and a review of the evidence, the request for Genetic Metabolism Test is not medically necessary.