

Case Number:	CM14-0123044		
Date Assigned:	08/06/2014	Date of Injury:	02/25/2010
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The underlying date of injury in this case is 02/25/2010. The patient's diagnoses include cervical, thoracic, and lumbar sprains, right cervical radicular syndrome, right lumbar radicular syndrome, right rotator cuff tendinitis with impingement, right medial epicondylitis, right wrist tendinitis, and lumbar and cervical disc bulging. The patient was seen in primary treating physician follow-up 03/25/2014. That physician recommended multifactorial treatment to include pharmacological treatment, electrodiagnostic studies, and pain management. On 06/24/2014, the patient's treating physician saw the patient in follow-up with ongoing pain. The treating physician recommended laboratory tests in order to determine the patient's genetic predisposition for medication efficacy and to assess risk factors for opioid abuse.

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 Chronic Pain Treatment Guidelines Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines does not specifically discuss metabolic or genetic

testing, with regard to opioid prescribing. Official Disability Guidelines/Treatment in Workers Compensation/pain discusses one type of such testing or cytokine DNA testing and notes there is no evidence to support this type of DNA testing for the diagnosis of pain, including chronic pain. The medical record in this case does not provide an alternate rationale or basis to support the medical necessity of this request. This request is investigational and not supported by treatment guidelines. Therefore, this request is not medically necessary.

Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines does not specifically discuss metabolic or genetic testing, with regard to opioid prescribing. Official Disability Guidelines/Treatment in Workers Compensation/pain discusses one type of such testing or cytokine DNA testing and notes there is no evidence to support this type of DNA testing for the diagnosis of pain, including chronic pain. The medical record in this case does not provide an alternate rationale or basis to support the medical necessity of this request. This request is investigational and not supported by treatment guidelines. Therefore, this request is not medically necessary.