

<b>Case Number:</b>	CM14-0132533		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Practice 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 female claimant who sustained a work injury on 2/13/13 involving the low back. She was diagnosed with coccygodynia. She had been on opioids for pain management. A progress note on 7/24/14 indicated the claimant had continued 5/10 low back pain. Exam findings were notable for tenderness in the lower lumbar region. She rarely takes her Percocet. There was no concern of medication diversion, abuse or addiction. A genetic opioid risk test was ordered to determine the claimant's metabolism of opioids.

### 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 (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Genetic testing for potential opioid abuse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87-91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Family Physicians June 2008

**Decision rationale:** The ACOEM and MTUS guidelines are silent on drug metabolism. According to the AAFP guidelines, the use of genotyping is more accurate than race or ethnic

categories to identify variations in drug response. Unlike other influences on drug response, genetic factors remain constant throughout life. The use of pharmacogenetic information to support drug selection and dosing is emerging. There is lack of clinical evidence supporting their routine use and is for selected drugs such as Warfarin. The guidelines do not mention or support the use of DNA testing to predict risk of opioid abuse. In addition, there was no prior documentation of the risk tools noted above to determine abuse risk. The request for genetic opioid testing is not medically necessary.