

Case Number:	CM14-0139008		
Date Assigned:	09/05/2014	Date of Injury:	02/05/2010
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old female with complaints of bilateral wrist and shoulder pain. The date of injury is 2/5/10 and the mechanism of injury is not elicited. At the time of request for [REDACTED] narcotic risk test and urinalysis, there is subjective (wrist pain, shoulder pain) and objective (tenderness and restricted range of motion bilateral wrists, tenderness to palpation right shoulder with muscle spasm, impingement sign positive right shoulder, positive Tinel's and phalanx test at the wrists bilaterally) findings, imaging findings/other (none submitted), diagnoses (Carpal tunnel syndrome bilateral, shoulder strain/sprain bilateral), and treatment to date (medications, bracing, and physiotherapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] narcotic risk test and urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Genetic Testing Page(s): 42. Decision based on Non-MTUS Citation www.proove.com/solutions/narcotic-risk/

Decision rationale: In reviewing the [REDACTED] web site, [REDACTED] Narcotic Risk is a genetic test to identify patients at elevated risk for the brain chemical imbalances that lead to tolerance, dependence, or abuse of prescription pain medications. Compared to a doctor's current 50/50 chance of accurately identifying a patient who may become an abuser of prescription pain medications, [REDACTED] Narcotic Risk is far more accurate because it has a 74.4% positive predictive value (+PV) (2). The [REDACTED] Narcotic Risk test provides a proprietary Dependence Risk Index (DRI) score to demonstrate elevated genetic risk for prescription pain medication tolerance, dependence, or abuse. As stated, In a study of 148 patients diagnosed with chronic pain syndrome (CPT code 338.4) with at least two co-morbid conditions, study participants were genotyped and then enrolled in a detoxification program. Study subjects had an 82% success rate over 5 years. The test includes 12 genetic assessment tests: Dopamine (DA) D1 receptor (DRD1) -48A>G; DA D2 receptor (DRD2) A1 allele; DA receptor D4 -521C/T; DA transporter (DAT1) DAT1 DdeI snp; DA-beta-hydroxylase (DBH) -1021 C/T; 5-HT2A Receptor - 1438G/A promoter; 5-HTTLPR; Catechol Methyltransferase (COMT) Val58Met; Gamma-Aminobutyric Acid (GABA) 1519T>C; Kappa opioid receptor (OPRK1) 36G > T; Mu opioid receptor; (OPRM1) A118G; Methylene Tetrahydrofolate Reductase (MTHFR) C677T. However, Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of genetic testing for the diagnosis of pain, including chronic pain and predicting prescription abuse. Therefore, the request for genetic marker testing is not medically necessary.