

Case Number:	CM14-0150477		
Date Assigned:	09/26/2014	Date of Injury:	10/26/2007
Decision Date:	12/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 63 year old female who sustained a work place injury on 10/04/09. Her diagnoses from the initial pain management consultation from 08/04/14 included bilateral posterior shoulder/mid back with myofascial tenderness, status post cervical discectomy and fusion x 2, bilateral tricompartmental arthrosis of both knees, status post right knee arthroscopy, probable thoracic outlet syndrome and status post left shoulder surgeries with residual. Her follow-up note from 08/25/14 was reviewed. Subjective complaints included multifocal musculoskeletal pain syndrome and possible thoracic outlet syndrome. Her medications included hydrocodone, tramadol and Tizanidine. Impression was status post work related injury with chronic multifocal musculoskeletal pain syndrome and possible thoracic outlet syndrome. The request was for genetic testing for narcotic risk.

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), Pain Chapter, updated 07/10/14)

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 and other Medical Treatment Guideline or Medical Evidence: Cytochrome P450 testing in high-dose opioid patients, Tenant F. Practical Pain Management, 2012, Tenant F., Genetic screening for defects in opioid metabolism, Pract. Pain Manage. 2011.

Decision rationale: According to Official Disability Guidelines, DNA testing and genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. According to the article cited above on Cytochrome P450 testing, no published guidelines yet exist for generalized testing of the CYP system outside of certain populations like specific cancers, patients requiring anticoagulation and HIV patients. In addition due to the high cost of analyzing blood for genetic abnormalities, routine blood testing is not a practical clinical tool at this time. The request for genetic opioid risk testing is not medically necessary or appropriate.