

Case Number:	CM14-0151232		
Date Assigned:	09/19/2014	Date of Injury:	08/28/1998
Decision Date:	10/20/2014	UR Denial Date:	08/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 Management 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 57-year-old male with a 10/6/00 date of injury. At the time (9/10/14) of the Decision for DNA/Pharmacogenetics test, there is documentation of subjective (significant right knee pain) and objective (right knee crepitus with range of motion, right knee soft tissue swelling, pain with compression of the right patellofemoral joint, tenderness to palpation over the right medial and lateral joint lines, and decreased right knee range of motion) findings, current diagnoses (status post right knee arthroscopy x2, narcotic tolerance, chondromalacia of the right patellofemoral joint, and degenerative joint disease of the right knee), and treatment to date (right knee arthroscopy, opioid medication, physical therapy, and TENS unit). There is no documentation of clinical findings for which genetic metabolism testing is indicated (to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect).

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Pharmacogenetics 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: Pain Chapter

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 Other Medical Treatment Guideline or Medical Evidence:
(<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>)

Decision rationale: MTUS does not address the issue. ODG identifies that genetic testing for potential opioid abuse is not recommended and that current research is experimental in terms of testing for this. Medical Treatment Guideline identifies documentation of clinical findings for which genetic metabolism testing is indicated (such as: to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect) to support the medical necessity of genetic metabolism testing. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopy x2, narcotic tolerance, chondromalacia of the right patellofemoral joint, and degenerative joint disease of the right knee. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of clinical findings for which genetic metabolism testing is indicated (to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect). Therefore, based on guidelines and a review of the evidence, the request for DNA/Pharmacogenetics test is not medically necessary.