

<b>Case Number:</b>	CM14-0157615		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old female with an injury date of 01/22/13. Per the 08/26/14 supplemental pain management report by [REDACTED], the patient presents with left lower extremity pain. She ambulates with a cane and uses an ankle brace. Examination reveals moderate allodynia on top of the left foot with minimal color change. The patient's diagnoses from the 09/10/14 report by [REDACTED] include: 1. Distal fibular fracture, healed, left ankle 2. Complex regional pain syndrome, left lower extremity, under the care of [REDACTED] 3. Left knee arthritis, under the care of [REDACTED] 4. Lower back pain Current medications listed as of 08/26/14 are: Prinivil, Qvar, Tylenol, and Omeprazole. The utilization review being challenged is dated 09/04/14. The rationale regarding Genetic metabolic testing is that genetic testing is not standard practice in pain management, MTUS and ODG do not provide evidence to support DNA testing and Cytokine DNA testing is specifically not recommended. Also no behaviors in the patient are identified to indicate the patient is at risk for abuse or misuse. Reports were provided from 04/01/14 to 09/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic opioid risk testing:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Genetic testing for potential opioid abuse

**Decision rationale:** The patient presents with left lower extremity pain. The treater requests for Genetic Opioid Risk Testing. California Medical Treatment Utilization Schedule (MTUS), page 42 discusses only Cytokine DNA testing for pain and states it is not recommended. Official Disability Guidelines (ODG) guidelines, Pain Chapter, Genetic testing for potential opioid abuse, states, "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." ■■■ ■. states the request is due to the patient's unsatisfactory response to medication and is ordering a one time report to identify genetic risk factors of narcotic abuse, tolerance and dependence. The treater also cites California MTUS guidelines that recommend screening for the risk of addiction before initiating opioid therapy. Urine toxicology reports are provided from 08/26/14 and 06/13/14 that do not show the presence of opioids. The reports provided do not show that opioids are prescribed for the patient; however, on 08/26/14 ■■■■ mentions a narcotics contract with this patient. In this case, however, this testing is not recommended by ODG. Therefore the treatment is not medically necessary and appropriate.

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**Decision rationale:** The patient presents with left lower extremity pain. The treater requests for Genetic Metabolism Testing. California Medical Treatment Utilization Schedule (MTUS) page 42 discusses only Cytokine DNA testing for pain and states it is not recommended. Official Disability Guidelines (ODG) guidelines, Genetic testing for potential opioid abuse, states, "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be

associated with addiction and for clearer understanding of their role in different populations." ■ ■ ■ states the request is a onetime test and is because medications affect each patient differently due to inherited (genetic) variations. The test evaluates 64 variations to assess drug metabolism and the risk of side effects. The treater also cites MTUS guidelines that recommend screening for the risk of addiction before initiating opioid therapy. Urine toxicology reports are provided from 08/26/14 and 06/13/14 that do not show the presence of opioids. The reports provided do not show that opioids are prescribed for the patient; however, on 08/26/14 ■ ■ ■ mentions a narcotics contract with this patient. In this case, however, this testing is not recommended by ODG. Therefore the treatment is not medically necessary and appropriate.