

Case Number:	CM14-0173375		
Date Assigned:	10/24/2014	Date of Injury:	12/05/2007
Decision Date:	12/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 51 year old patient with date of injury of 12/5/07. Medical records indicate the patient is undergoing treatment for chronic back pain with radiculopathy, piriformis syndrome, and sacroiliitis. The patient is s/p L5-S1 Lumbar Facetomy, L5 -S1 laminectomy/ foraminotomy and L5-S1 anterior fusion. Subjective complaints include persistent pain in the lower back mainly in the left sacroiliac joint region, described as a deep achy pain in the upper buttocks that increases with internal rotation of the left hip. Patient reports numbness, tingling and shooting pain radiating down the lateral aspect of the left thigh and knee to the dorsal aspect left foot. The patient rates his pain anywhere from 5-9/10. Objective findings include decreased ROM, pain with anterior lumbar flexion and lumbar extension, positive trigger points and tenderness in the lumbar paraspinal muscles; motor strength is normal; positive straight leg raise at 60 degrees; pain with palpation lumbar intervertebral spaces; and left sacroiliac joint pain. Treatment has consisted of numerous interventions including lumbar epidural steroid injection (which provided mixed results), spinal cord stimulator (which increased pain), acupuncture (increased pain), SI joint injections (without relief), physical therapy (which gives temporary relief). Medications include chronic use of Fentanyl patch (now discontinued), Oxycontin, Fioricet, Percocet, Gabapentin, Celebrex, and Lunesta. The utilization review determination was rendered on 9/22/14 recommending non-certification of a genetic metabolism test, genetic opioid risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test, genetic opioid risk: 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 in Workers Compensation (TWC), Pain Procedure Summary, (updated 09/10/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid, Genetic Testing for Potential Opioid Abuse.

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The request for one-time DNA test with buccal swab specimen is not the preferred method. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and "While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this." As such, this test would not add to the diagnosis nor alter the treatment as her potential to abuse drugs has already been identified. As such, the request for Genetic metabolism test, genetic opioid risk is not medically necessary.