

<b>Case Number:</b>	CM14-0180903		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/26/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 32 year old patient with date of injury of 12/26/2009. Medical records indicate the patient is undergoing treatment for lumbar strain, chronic lower back pain status post laminectomy and partial discectomy, lumbar radiculopathy and coccydynia. Subjective complaints include lumbar pain the radiates to coccygeal region, right groin, anterior thigh and posterior right calf, intermittent numbness in lateral border and the plantar aspect of the right foot; pain worse when sitting; weakness of lumbar spine; sleep disturbance. Objective findings include positive straight leg raise bilaterally with low back pain; Fabre sign positive, hamstring tightness, right greater than left; muscle guarding and low back pain with backward extension of the lumbar spine and left lateral bending. MRI of the lumbar spine on 06/04/2012 that showed left paracentral 5.5 mm posterior disc protrusion with an annular tear and minimal impression on the origin of the left S1 nerve root Treatment has consisted of lumbar radiofrequency facet ablation, Percocet, Lexapro, Oxycodone, Lyrica, Restoril and Valium. The utilization review determination was rendered on 10/20/2014 recommending non-certification of Retrospective Pharmacogenomics and Molecular Diagnostic Tests and Consultation Report x 18 units.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pharmacogenomic and molecular diagnostic tests: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioids abuse

**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 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." There is a lack of quality medical evidence establishing pharmacogenomics and molecular diagnostic test are the standard of care in randomized controlled trials. As such, Retrospective Pharmacogenomics and molecular diagnostic tests are not medically necessary.

**Consultation reports x 18 units:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The treating physician does not detail the purpose for the request for the consultation. In addition, the request for 18 visits is far in excess of the recommended number of visits. A small number of initial visits are traditionally approved pending patient progress, with additional visits approved as needed. As such, the request for Consultation report x 18 units is not medically necessary.