

<b>Case Number:</b>	CM14-0020238		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neurosurgery, and is licensed to practice in Texas, New Mexico, New York, Maryland, California, Colorado, Georgia, Louisiana, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia, Nevada, Illinois, and Kentucky. 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 injured worker is a 52 year old female whose date of injury is 10/19/11. The mechanism of injury is described as changing and carrying a student. The injured worker complained of back pain. She ultimately failed conservative management and underwent left L5-S1 laminotomy, microdiscectomy, and foraminotomy to the lumbar spine, specifically L5-S1 on 11/13/13. A progress report dated 11/25/13 indicates that the patient has made improvement since after the operation and only complains of muscle cramping that extends from the knee into the injured workers left ankle. A note dated 12/16/13 indicates that pain in the back has disappeared, and the patient does not have any pain in the proximal left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENETIC TESTING WITH PROOVE BIOSCIENCES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Per the Official Disability Guidelines, the request 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. 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. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. There has been no randomized clinical trial on the benefits of genetic testing prior to Oxycodone therapy. As such, the utility of this information has not been established and therefore not medically necessary.