

Case Number:	CM14-0025269		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2012
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 12/04/2012. The mechanism of injury was not provided. The clinical note dated 02/11/2014 noted the injured worker presented with low back and knee pain, with left leg numbness and cramping. Prior treatment included a walking cane, topical compounds, and oral medications. Upon exam, there were severe bilateral spasms and mild canal stenosis, and a positive straight leg raise. The diagnosis was radiculopathy with spondylolisthesis. The provider recommended genetic testing for narcotic risk, and a back lumbar brace purchase. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENETIC TESTING FOR NARCOTICS RISK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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) Low Back, Genetic Testing for potential opioids abuse.

Decision rationale: The request for genetic testing for narcotic risk is not medically necessary. The Official Disability Guidelines do not recommend genetic testing for potential opioid use. 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 rule of variants suggested to be associated with addiction and for clear understanding of the rule of differential populations. Translating pharmacogenetic 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. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there have been no randomized clinical trials on the benefits of genetic testing prior to oxycodone therapy. The response to analgesics also differed depending on the pain modality and the potential for repeated noxious stimuli; the opioid prescribed, and even its route of administration. As the guidelines do not recommend genetic testing for opioid, genetic testing would not be indicated. There is a lack of exceptional factors that support approving outside the guidelines. As such, the request is not medically necessary.

BACK (LUMBAR) BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for a back lumbar brace is not medically necessary. The California MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's date of injury was dated 12/04/2012 and the guidelines recommend lumbar support in the acute phase for symptom relief. The purchase of the lumbar brace would exceed the guideline recommendations of use for the acute stage of injury. As such, the request is not medically necessary.