

Case Number:	CM14-0030632		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2000
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Medicine 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 55 year old woman who was injured while at work on 2/7/2000. The injury was primarily to her back, neck, shoulders, and ankles. She is requesting review of a denial for the "1 Proove Drug Metabolism Laboratory Test for Genetic Predisposition." The medical records corroborate ongoing care for the injuries sustained at work. At her most recent office visit it was noted that she had chronic pain in her upper back, lower back, neck, shoulders, and buttocks. Diagnoses included: Lumbar Radiculopathy; Chronic Pain Syndrome, Lumbar Spine; and Shoulder Pain. She was advised to continue her current regimen of Norco 10/325 mg (4 tablets per day), Flexeril 7.5 mg (3 tablets per day), and Omeprazole 20 mg (1 tablet per day). She has also undergone prior treatment with lumbar epidural corticosteroid injections, left shoulder surgery, chiropractic care, a TENS unit, and physical therapy. There is no entry in the record to provide a rationale for the use of the requested laboratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Proove Drug Metabolism Lab test for genetic predisposition: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN, GENETIC TESTING AND CYTOKINE DNA TESTING.

Decision rationale: The "Proove Drug Metabolism" test is described as a means "to evaluate patients who are poor metabolizers of a medication," (accessed at www.proovebio.com). "By knowing this information, a prescriber can better understand which drugs or how much of a medication is more likely to be effective." The MTUS Guidelines do not comment on the use of genetic testing for drug metabolism. However, the Official Disability Guidelines provide comments on the use of genetic tests for patients with chronic pain. Based on these criteria, genetic testing is not recommended. These criteria state that 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." In summary, in this case it is clear that the patient has chronic pain and has been using opioid analgesics for pain control. However, there is no rationale provided by the treating physician to justify the need for this genetic test. Further, the Official Disability Guidelines (Chronic Pain) indicate that this test is not recommended. The test is not considered as medically necessary.