

Case Number:	CM14-0035197		
Date Assigned:	06/23/2014	Date of Injury:	05/26/1998
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 Internal 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 56 year old male who was injured on 05/26/1998. He sustained an injury to his low back after working on an elevator. Prior medication history included lisinopril 40 mg, Nifedipine ER 60 mg, bentoprazole 40 mg, gemfibrozile 600 mg, allopurinol 300 mg, aspirin 325 mg, atorvastatin 20 mg, hydrochlorothiazide 50 mg, ibuprofen 600 mg tid, mirtazipine 30 mg, tramadol ER 200 mg, tramadol 50 mg, and Robaxin 750 mg. The patient underwent surgical intervention of one fusion and 2 laminectomies of unknown site and date. UDS dated 11/26/2013 revealed positive results for hydrocodone/gabapentin, hydromorphone, norhydrocodone tested positive as well. UDS dated 01/21/2014 revealed positive results for tramadol which is expected with prescribed medications; acetaminophen, hydrocodone, hydromorphone, and norhydrocodone were not expected with prescribed medications. Progress report dated 02/18/2014 indicates the patient complained of low back pain radiating to the bilateral lower extremity. He rated his pain on average at 6/10. The patient ambulates with a cane. There is no exam for review. The treatment and plan included tramadol ER and a one time request for pharmacogenetic baseline test. Prior utilization review dated 02/27/2014 states the request for 1 time pharmacogenetic baseline test was not authorized due to a lack of evidence to support this type of testing as recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 time pharmacogenetic baseline test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policy bulletin, http://aetna.com/cpb/medical/data/700_799/0715.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 42.

Decision rationale: Genetic testing for treatment or monitoring of opioid medication is not a recommended practice. The medical literature does not support the use of pharmacogenetic testing for the monitoring and treatment of chronic pain. The clinical documents provided did not sufficiently provide discussion of why genetic testing should be performed out of current guidelines recommendations. The documents did not provide clinical data to support the use of genetic testing. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.