

Case Number:	CM14-0035385		
Date Assigned:	06/23/2014	Date of Injury:	05/18/2013
Decision Date:	07/31/2014	UR Denial Date:	02/25/2014
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 Maryland. 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 employee was a 29-year-old male who was being treated after sustaining an injury on 05/18/13. He was struck in the right lower extremity by a hand truck that was carrying a heavy load. His complaints included low back pain, neck stiffness and pain radiating to hip area. He was treated conservatively with NSAIDs, Physical therapy, Chiropractic therapy, Tramadol, Medrol dose pack, Vicodin, acupuncture and topical Flector patch. Prior evaluations included MRI of lumbar spine in 2013 that showed a small central focal disc protrusion at the L5-S1 without significant canal or foraminal stenosis and normal cervical spine and lumbar spine x-rays. The most recent progress note prior to the request was from 02/07/14 when he was seen by the treating provider. Subjective symptoms included pain that worsened with cleaning the house. He was using Flector patch and Tramadol. Chiropractic therapy was reported to help temporarily. The pain was in the lumbar and cervical spine region at 6-7/10 in intensity. Pertinent objective findings included full range of motion of cervical and lumbar spine, non-tender paravertebral muscles and negative straight leg raising test. The diagnoses included cervical and lumbosacral strain. The treatment plan included Tramadol, Flector patch and metabolism screening since he was taking eight tablets of Tramadol a day. He was released to modified duty. The progress notes from March 2014 indicated that he was not getting adequate relief from NSAIDs and Flector patch and that he was using up to 8 tablets of Tramadol a day with less than 20% relief of pain. Therefore, a request was sent for DNA testing for the cytochrome P450 super family drug metabolism.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA GENETIC TESTING FOR METABOLISM OF PAIN MEDICATIONS: 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 (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The employee was being treated for chronic pain due to cervical and lumbosacral strain. He was being treated with up to 8 tablets of Tramadol in addition to other conservative treatments. A request was sent for DNA testing for metabolism of pain medications. According to the Official Disability guidelines, genetic testing for potential opioid use 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. Hence, the DNA testing for metabolism of medications is not medically necessary or appropriate.