

Case Number:	CM14-0048425		
Date Assigned:	07/02/2014	Date of Injury:	09/04/2002
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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 51 year-old male with a date of injury 09/04/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/13/2014, lists subjected complaints as lower back and left lower extremity pain. Objective findings: Examination of the lumbar spine revealed no tenderness to palpation, but reduced range of motion secondary to pain. Lumbar facet loading was positive on the left. Fabre test was positive on the right. Diagnosis: 1. Chronic pain syndrome 2. Post lumbar laminectomy syndrome 3. Lumbar radiculopathy. Patient underwent an L3-4 microdiscectomy on 12/22/2003, posterior lumbar fusion of L3-5 on 09/22/2009, and lumbar decompression, fusion, and revision of L3-5 on 09/22/2009. Patient has undergone neurostimulator trial on 03/01/2013 with note of 80% pain relief. The patient's medication regimen at the time of the request for authorization included Norco 10/325mg 3-5 tablets per day, Flexeril 5mg, Neurontin 300mg BID, Butrans patch 10mcg/hr, Ambien 10mg QHS, and Naproxen 500mg BID. Test results of the narcotic risk profile, performed on 01/16/2014 indicated that the patient was not responding to taking high doses of narcotics and that narcotic dependence/tolerance was suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Narcotic risk genetics profile test 1/9/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines. Therefore, the retrospective request for one (1) Narcotic risk genetics profile test 1/9/2014 is not medically necessary.