MAXIMUS Federal Services

Case Number:	CM14-0055960		
Date Assigned:	07/09/2014	Date of Injury:	10/29/2007
Decision Date:	08/27/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/25/2014

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 Emergency 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:

This is a patient with a reported date of injury on 10/29/2007. No mechanism of injury was provided. The patient has a diagnosis of chronic low back pain, chronic opioid therapy, R lower extremity neuropathy/potential RSD of R lower extremity, failed back syndrome, and chronic muscle spasms. No prior surgeries were noted. The patient's pain is in the lower back, lateral and medial thigh, and right foot. Pain is described as worst at 9/10. Pain is 10/10 and improves to 6-7/10 with medications. Pain worsens with movement or any activity. An objective exam reveals antalgic gait with cane, and lumbar spine with pain and limited motion. No advance imaging or neurodiagnostic testing was provided for review. A urine drug screen on 2/11/14 was appropriate. Current medications include Fentanyl patches, Norco, Soma, Neurontin, Prozac, Topamax, Ambien and Senna. As per records, the requester of the testing was for long term pain management to determine medication management and long term strategy for managing pain and use of opioids. A prior UR on 3/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP2D6 OR CYP2C19 ENZYMES TESTING RETRO ON 3-11-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ONLINE ARTICLE GENETIC SCREENING FOR DEFECTS IN OPIOIDS METABOLISM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RuaÃ±o G, Linder MW. Clinical practice considerations. In: Valdes R Jr, Payne DA, Linder MW, editor(s). Laboratory medicine practice guidelines: guidelines and recommendations for laboratory analysis and application of pharmacogenetics to clinical practice. Washington (DC): National Academy of Clinical Biochemistry (NACB); 2010. p. 23-8.

Decision rationale: The requested testing of CYP2D6 and CYPC19 enzymes are pharmacogenetic testing. The requested testing is currently only recommended only to determine metabolism for warfarin, tamoxifen, atomoxetine, and Irinotecan for management of medication levels. Testing to determine opioid metabolism is still in trial phase with poor evidence to regularly support use. The request and explanation for testing is unjustified. The patient has chronic pain. There is no documentation of increasing or worsening use of opioid in this patient that warrants the need for genetic testing. Due to a lack of necessary evidence based recommendations, the request is not medically necessary.