MAXIMUS Federal Services

Case Number:	CM14-0073931		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2010
Decision Date:	10/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Illinois. 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 32 year old female who was injured on 06/20/2010. There was no mechanism of injury provided. Her past medication history included Naproxen, Prozac, cyclobenzaprine, Topamax, Tylenol and ibuprofen. Toxicology report dated 04/23/2014 revealed positive results for norcyclobenzaprine, and cTHC. (prescribed medications included Norco, Flexeril, Prozac, Tylenol, Naproxen, Topamax, ibuprofen and cyclobenzaprine. Progress report dated 04/23/2014 indicates the patient complained of neck, head and shoulder pain. She reported taking Norco and Flexeril which was helping to alleviate her pain. She rated her pain as 6/10 at its best and 10/10 at its worst. On exam, she had bilaterally paraspinous tenderness and palpable twitch positive trigger points are noted in the muscles of the head and neck. Anterior flexion is 40 degrees with pain; extension is 10 degrees; left lateral rotation 65 degrees; right lateral rotation is 65 degrees. Motor strength and sensation is grossly intact. The patient is diagnosed with carpal tunnel syndrome, wrist tenosynovitis, and CRPS type II of upper extremity. She has been recommended for a genetic metabolism test and genetic opioid risk testing as the patient is a candidate for long term opioid therapy. Prior utilization review dated 05/07/2014 states the requests for Genetic metabolism test and Genetic Opioid risk testing are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.painmedicinenews.com/download/GeneticTesting_PMN0413_WM.pdf

Decision rationale: CA MTUS and ODG guidelines are silent regarding the request. The guidelines do not recommend genetic metabolic testing for opioid use at this time. There has been numerous studies performed on genetic testing but at this point the testing is still considered experimental. There is no consensus on how to utilize genetic metabolism testing results in the management of patients. The clinical documents did not discuss the indication for genetic testing in detail. It is not clear from the document how the results would alter treatment of the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Genetic Opioid risk testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.aibiotech.com/sites/default/files/files/AIB-SL046-0713-PainMgmtQuadfold(1).pdf

Decision rationale: CA MTUS and ODG guidelines are silent regarding the request. The guidelines do not recommend genetic opioid risk testing at this time. There has been numerous studies performed on genetic opioid testing but at this point the testing is still considered experimental. There is no consensus on how to utilize genetic testing results in the management of patients. The clinical documents did not discuss the indication for genetic testing in detail. It is not clear from the document how the results would alter treatment of the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.