

Case Number:	CM14-0077499		
Date Assigned:	09/05/2014	Date of Injury:	01/20/2003
Decision Date:	10/24/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old male with a date of injury on 1/20/2003. The patient has been treated for ongoing back and knee pain. Subjective complaints are of pain in the low back and knee. Physical exam shows bilateral lumbosacral paraspinal tenderness, pain with range of motion, and positive bilateral straight leg raise tests. Right knee has crepitus, and full range of motion. Medications include Ambien, Norco, Neurontin, Prilosec, and Soma. The patient is being treated with hydrocodone, and records do not indicate any evidence of abuse or aberrant behavior.

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 Cytokine DNA Testing for Pain.

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.

Decision rationale: CA MTUS Guidelines are silent on Genetic testing. The ODG does not recommend Genetic testing for potential opioid abuse. While there is a genetic component to addictive behavior, current research remains experimental in this area. Studies are inconsistent,

with inadequate statistics and large phenotype range. Using these evidenced based guidelines, and the lack of documentation supporting the need for testing, the Genetic Metabolism Test is not medically necessary and appropriate.

Genetic Testing for potential opioid abuse: 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.

Decision rationale: CA MTUS Guidelines are silent on Genetic testing. The ODG does not recommend Genetic testing for potential opioid abuse. While there is a genetic component to addictive behavior, current research remains experimental in this area. Studies are inconsistent, with inadequate statistics and large phenotype range. Using these evidenced based guidelines, and the lack of documentation supporting the need for testing, the request for Genetic Testing for potential opioid abuse is not medically necessary and appropriate.