

Case Number:	CM14-0077545		
Date Assigned:	07/18/2014	Date of Injury:	03/02/2005
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/28/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year old female who was injured at work on 03/02/2005 while doing a repetitive lifting activity. Since then, she suffered lower back pain despite treatment that included medications, physical therapy, two epidural steroid injections, and eight back surgeries between 04/2006 and 2013. She has not worked since 2007 due to the pain. The physical examination revealed well healed scars on her lower back, mild spasms and tenderness of lower back; positive straight leg raise in both legs; limited movement of the Lumbar spine; diminished sensations in her lower extremities. She has placement of spinal stimulator in 2013. The diagnosis includes herniated lumbar disc with sciatica, left; failed back surgery, post laminectomy syndrome. Her medications include Percocet, Cymbalta, Ativan, Wellbutrin, Protonix, Senokot-S and Topamax. In dispute is the request for Genetic Metabolism/Opioid Risk Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism/Opioid Risk Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM),

3rd Edition, (2011) <Opioids>, page(s) <Online Edition, [http://apgi.acoem.org/Browser/Section.aspx?cid=158&sid=916&text=GENETIC METABOLISM](http://apgi.acoem.org/Browser/Section.aspx?cid=158&sid=916&text=GENETIC%20METABOLISM), 09/01/2014> Quest diagnostics. <http://newsroom.questdiagnostics.com/2013-08-08-Quest-Diagnostics-Introduces-Comprehensive-Opioid-Therapy-Genetic-Test-Based-on-CYP450-Biomarker-License-with-Transgenomic>.

Decision rationale: This is not recommended by the MTUS. The test is little known since it was announced by Quest in 08/2013. The ACOEM Guidelines report that screening for genetic risks prior to opioid treatment is not in widespread use therefore Genetic Metabolism/Opioid Risk Test is not medically necessary.