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| Case Number: | CM14-0078857 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/11/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old female who reported an injury on 02/11/2010 due to a slip and fall at work. The injured worker was diagnosed with pain disorder associated with psychological and medical factors, myofascial pain syndrome, and brachial neuritis or radiculitis NOS. Prior treatments included a home exercise program, physical therapy, TENS unit, trigger point injections, acupuncture, and biofeedback. The injured worker has received right knee arthroscopy, right elbow release, and cervical spine fusion at C5-6 and C6-7. The clinical note dated 06/18/2014 noted the injured worker returned with complaints of neck pain associated with yawning, flexion, and extension. The injured worker reported her pain was very rapid and intense, described as an icpick stabbing sensation in her neck that happened very quickly and was very painful. The injured worker indicated medications allowed her to sleep. She reported without medication pain was rated 7/10 and was reduced to 2/10 with medications. The injured worker denied any adverse side effects of the medications. The physician noted the injured worker showed no illicit substances with documented urine drug screens. She was on a pain management program as well as a pain contract with her physician and the physician monitored for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The physician noted pain levels were not sufficiently decreased. The physician noted there was no progression in pain management with the injured worker and she remained static in her level of pain. The injured worker reported pain without medication rated 7/10 and with medications rated 2/10. The injured worker's medication regimen included Flonase, Synalar cream kit, Zyrtec, Sudafed, Neo-Synephrine, multiple vitamins, calcium citrate vitamin D, Zocor, Mobic, Pennsaid, baclofen, and Norco. The physician's treatment plan included recommendations to continue with medications

as he saw no evidence of abuse, diversion, hoarding, or impairment. The physician was requesting a genetic metabolism test with Proove Bio-science and genetic opioid risk test. The Request for Authorization Form and rationale were not provided for review at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism Test with Proove Bio-science: 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 Chapter.

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 For Potential Opioid Abuse.

Decision rationale: The Official Disability Guidelines do not recommend Genetic Testing for Potential Opioid Abuse. The guidelines note while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for clear understanding of the roles in different populations. There is no indication that the physician is concerned about possible addiction. The injured worker appears to be compliant with her medications and has shown no adverse side effects to them. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. As such, the request is not medically necessary.

Genetic Opioid Risk Test: 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 Chapter.

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 For Potential Opioid Abuse.

Decision rationale: The Official Disability Guidelines do not recommend Genetic Testing for Potential Opioid Abuse. The guidelines note while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for clear understanding of the roles in different populations. There is no indication that the physician is concerned about possible addiction. The

injured worker appears to be compliant with her medications and has shown no adverse side effects to them. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. As such, the request is not medically necessary.