

Case Number:	CM14-0078896		
Date Assigned:	07/18/2014	Date of Injury:	11/29/2004
Decision Date:	10/09/2014	UR Denial Date:	05/08/2014
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 Emergency 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 78 year old male who reported an injury on 11/29/2004; the mechanism of injury was being hit by a truck while on foot. Diagnoses include cervical sprain/strain, whiplash, cervical and lumbosacral radiculopathy, and lumbar spine pain. Past treatments included epidural steroid injections, TENS, physical therapy, chiropractic manipulation, acupuncture, and medication. An x-ray of the lumbar spine was completed on 04/05/2013 and revealed severe degenerative joint disease and facet arthropathy, unofficial. Surgical history was not provided. The clinical note dated 05/01/2014 indicated the injured worker complained of neck and shoulder pain rated 7/10, and reported numbness and weakness. Physical exam revealed tenderness to palpation in the lumbar paraspinal muscles and sacroiliac joints, positive straight leg raise on the left, and decreased range of motion in the spine secondary to pain. Medications included Gabapentin, Cyclobenzaprine, Baclofen, and Diclofenac sodium. The treatment plan included genetic drug metabolism test; the rationale for treatment was not provided. The request for authorization form was completed on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) genetic drug metabolism test between 5/1/2014 and 7/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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 indicate that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. The injured worker complained of neck and shoulder pain rated 7/10. Physical exam revealed tenderness to palpation in the lumbar paraspinal muscles and sacroiliac joints, positive straight leg raise on the left, and decreased range of motion in the spine secondary to pain. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines do not recommend genetic drug metabolism testing. There is a lack of documentation to indicate the need for the requested testing beyond the guideline recommendations. Therefore the request for genetic drug metabolism test is not medically necessary.