MAXIMUS Federal Services

Case Number:	CM14-0081511		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2003
Decision Date:	08/27/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Practice and is licensed to practice in California. 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 48 year old male who sustained a work injury on 6/3/02 involving the back and legs. He had undergone a laminectomy and epidural spinal injections due to his injury. He has a diagnosis of lumbar radiculopathy, failed back syndrome and fibromyalgia. His pain symptoms were controlled with Cymbalta, Oxycontin, Norco and Topical Lidoderm. A progress note on 4/29/14 indicated that the patient had continued back pain and needed a medication refill. The treating physician did not see any signs of abuse or diversion and has set up a psychiatric evaluation prior to a spinal cord stimulator evaluation. In addition a request had been made for genetic drug metabolism testing and a genetic opioid risk test due to inherent variations in metabolism of drugs amongst patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 http://learn.genetics.utah.edu/content/addiction/genetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Guidelines do not specifically address genetic testing. According to the ODG, Genetic testing for 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. 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 variants suggested to be associated with addiction and for clearer understanding of their role in different populations.Since the patient had no signs of abuse or diversion and guidelines do not support the need for genetic testing, the request above is not medically necessary.

Genetic metabolism test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://learn.genetics.utah.edu/content/addiction/genetics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Website Statement on Genetic Testing.

Decision rationale: According to the MTUS guidelines, genetic differences appear to influence how an individual will response to medication. However, genetic metabolism testing recommendations are not given. According to the ACOEM statements: the American College of Occupational and Environmental Medicine (ACOEM) has taken the position that genetic screening was not conceptually different from other types of medical testing or screening and that adherence to existing ethical standards, good scientific practices, and laws regulating medical confidentiality protected the rights of the individual appropriately, while allowing the new information to be used to further safeguard the health of individuals in the work-place and elsewhere. From a scientific perspective, ACOEM still regards genetic screening as conceptually similar to other types of medical screening. However, from a legal perspective, ACOEM recognizes that many of the potential uses of genetic screening for workplace safety programs are now legally prohibited in numerous jurisdictions. Genetic screening may be offered only on a voluntary basis and test results may not be used to determine work practices or conditions of employment. Based on the above statements, the use of genetic drug metabolism testing is not medically necessary in a patient that is not having adverse side effects or signs of abuse.