

<b>Case Number:</b>	CM14-0081526		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Medicine, 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:

Patient had a date of injury 5/24/2000. Mechanism of injury is not given in the medical records. Diagnosis includes: radiculopathy, complex regional pain syndrome, lumbar spine pain, fibromyalgia, mood disorder. Medications include Skelaxin, Colace, Effexor, Lyrica, Prilosec, MS Contin, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic Drug Metabolism 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)

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

**Decision rationale:** According to guidelines it states genetic testing for potential opioid abuse is not recommended. Current research is experimental and studies are inconsistent. According to medical records there is no mention of possible abuse and no need for genetic testing and thus not medically necessary.