

Case Number:	CM14-0082653		
Date Assigned:	07/21/2014	Date of Injury:	05/30/1989
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Interventional Spine 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 60-year-old male with a date of injury of 05/30/1989. The listed diagnoses per [REDACTED] are: radiculopathy of the lumbar spine; unspecified internal derangement of knee; spinal stenosis lumbar; degenerative disk disease of the lumbar spine; lumbar spondylosis; fibromyalgia/myositis. According to progress report on 05/01/2014, the patient presents with back, leg, and knee pain. He complains of increased pain and muscle spasm in the lower back. The pain radiates into the bilateral lower extremities and into the lower legs. Pain at present is 10/10 on a pain scale. Current medication regimen includes Coreg 25 mg, Aspirin 81 mg, Norvasc 5 mg, and Tramadol 50 mg. The treating physician would like to order a one-time Proove drug metabolism laboratory test because "medications affect each patient differently due to inherited genetic variations." This test evaluates 64 variations to assess drug metabolism as well as risk of side effects. Request for authorization from 05/01/2014 requests genetic metabolism test and a genetic opioid risk test. Utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) 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 ODG (The Official Disability Guidelines) Genetic Drug Metabolism/Risk Testing.

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: This patient presents with lumbar radiculopathy with increase in muscle spasms. The treating physician is requesting a one-time genetic drug metabolism test. The treating physician states the test evaluates 64 variations to assess drug metabolism as well as risk of side effects. The testing evaluates most of the medications that the patient is prescribed and the testing will help reduce unnecessary prescriptions for drugs that may not work. The California MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines has the following regarding genetic testing for potential opiate abuse, "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 largely phenotype range." The request for genetic drug metabolism test is not medically necessary.

(1) 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 ODG (The Official Disability Guidelines) Genetic Drug Metabolism/Risk Testing.

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: This patient presents with lumbar radiculopathy with increase in muscle spasms. The treating physician is requesting a one-time genetic opioid risk assessment test. The California MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines has the following regarding genetic testing for potential opiate abuse, "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 largely phenotype range." In this case, ODG Guidelines do not support genetic testing for potential opioid abuse. Furthermore, the treating physician does not discuss possible aberrant behaviors. The request for genetic opioid risk test is not medically necessary.