

Case Number:	CM14-0086069		
Date Assigned:	07/23/2014	Date of Injury:	01/01/2006
Decision Date:	09/11/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 52 yr. old female claimant sustained a work injury on 10/1/89 involving the neck and upper extremities. She was diagnosed with cervical radiculopathy, fibromyalgia and epicondylitis of the elbows. A progress note on 5/20/14 indicated the claimant had been using Ibuprofen and topical Voltaren gel for pain relief. Exam findings were notable for painful range of motion of the neck. The treating physician recommended a genetic drug metabolism test to determine the rate at which the claimant metabolizes drugs. In addition, the physician requested a genetic narcotic risk test to determine narcotic abuse, tolerance and risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM and MTUS guidelines are silent on drug metabolism. According to the AAFP guidelines, the use of genotyping is more accurate than race or ethnic categories to identify variations in drug response. Unlike other influences on drug response,

genetic factors remain constant throughout life. The use of pharmacogenetic information to support drug selection and dosing is emerging. There is lack of clinical evidence supporting their routine use and is for selected drugs such as Warfarin. The request for genetic metabolic testing 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 Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic Opioid testing.

Decision rationale: According to the MTUS and ODG guidelines, genetic testing 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. In addition, there's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a genetic metabolism test is not medically necessary.