

Case Number:	CM14-0086961		
Date Assigned:	07/23/2014	Date of Injury:	08/21/2012
Decision Date:	09/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Texas and Oklahoma. 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 38-year-old female who reported an injury on 08/21/2012. The mechanism of injury was cumulative trauma. She is diagnosed with chronic regional pain syndrome and carpal tunnel syndrome. Her past treatments included bracing, physical therapy, NSAIDS, pain medication, and topical analgesics. Her symptoms were noted to include pain in the shoulder, neck, hands, and wrists. Her physical examination revealed positive trigger points in the cervical paraspinal muscles and head, as well as decreased motor strength in the right wrist and hand. Her medications were noted to include Vicodin and Neurontin. The treatment plan included medication refills, physical therapy, urine drug screen, and genetic testing. The rationale for the genetic drug metabolism test was to assess drug metabolism and risk for side effects. The rationale for the genetic opioid risk test was to establish risk factors for misuse, abuse, and diversion. The Request for Authorization forms were submitted on 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Abul-Husn, N. S., Owusu Obeng, A., Sanderson, S. C.,

Gottesman, O., Scott, S. A., Abul-Husn, N. S., ... & Scott, S. A. (2014). Implementation and utilization of genetic testing in personalized medicine. *Pharmacogenomics and Personalized Medicine*, 7, 227-240. The Official Disability Guidelines do not specifically address.

Decision rationale: According to an Abul-Husn 2014 article, the enthusiasm for pharmacogenetic testing and its potential utility has prompted a number of recent efforts to facilitate clinical implementation. However, there are clear needs for continued research regarding variance and other factors significantly influence drug response variability and further development of information technology and other related mechanisms that can facilitate efficient implementation of results without interruption of routine clinical care. The injured worker was noted to have chronic regional pain syndrome and carpal tunnel. Her medications were noted to include Vicodin and gabapentin. A recommendation was made for genetic drug metabolism testing to assess drug metabolism and the risk for side effects. However, peer reviewed medical literature indicates that this testing and its implementation is still under study. Therefore, the request for genetic metabolism testing is not supported. As such, the request is not medically necessary.

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 Treatment Worker's Compensation Pain Procedure Summary.

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: According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended as current research is experimental in terms of testing for the genetic component to addictive behavior. The clinical information submitted for review indicated that the patient has pain related to chronic regional pain syndrome and carpal tunnel syndrome. Her medications were noted to include Vicodin and gabapentin. A recommendation was made for genetic testing to assess for the risk for misuse, abuse, and diversion of prescription pain medications. However, as the guidelines state that this testing is not recommended as it is still under study, the request is not supported. As such, the request for genetic opioid risk testing is not medically necessary.