

Case Number:	CM14-0090188		
Date Assigned:	09/10/2014	Date of Injury:	05/24/2008
Decision Date:	10/06/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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:

There were 57 pages provided for this review. The request for independent medical review was signed on June 10, 2014. The requests were a genetic drug metabolism test and genetic opiate risk test. Per the records provided, the claimant was described as being injured on May 24, 2008. The claimant complained of back pain. Surgery was recommended but the claimant wished to avoid surgery. The current medicines include Vicodin and Lyrica. No side effects were noted. On exam, there was a positive straight leg raise on the left and also paraspinal and facet tenderness. There was decreased lumbar range of motion and decreased sensation at L4-L5. There was a primary treating physician's progress report that was provided that was illegible. It was from January 10, 2014. As of March 10, 2014, the [REDACTED] record noted he worked as a warehouse worker. His job duties included driving a forklift and loading and unloading trucks. He developed depressive and anxious emotional complications of physical pain, disability and altered activities. He injured his back on May 28, 2008 while working at the warehouse. He was loading and unloading trucks and cars filled with heavy election supplies. He was taken off work for approximately 5 weeks with restrictions including no lifting over 20 pounds, no bending, stooping or climbing. Because of this continuing pain he reportedly often felt depressed, anxious, irritable, worried, angry and emotionally withdrawn.

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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, genetic opiate and metabolism testing.

Decision rationale: The ODG notes that genetic testing for potential opioid abuse, or metabolism testing as requested here, 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. (Levrant 2012). I do not support a test of unverified efficacy for the injured worker population, and not for this claimant. 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 (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, genetic opiate and metabolism testing.

Decision rationale: As shared previously, the ODG notes that genetic testing for potential opioid abuse, or metabolism testing as requested here, 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. (Levrant, 2012). I do not support a test of unverified efficacy for the injured worker population, and not for this claimant. This request is not medically necessary.