

Case Number:	CM14-0090324		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2013
Decision Date:	12/26/2014	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 Emergency 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:

The patient with reported date of injury on 9/20/2013. Mechanism of injury is from repetitive trauma. The patient has a diagnosis of bilateral trapezius strain, L shoulder tendinitis and cervical radiculopathy. Medical reports reviewed. Last report available until 5/22/14. The patient complains of pain to neck, shoulders and trapezius. The pain is 3-9/10 with baseline around 6/10. Objective exam reveals bilateral cervical spine pain with L Spurling's, decreased range of motion(ROM) especially with flexion. L finger flexors are weak but otherwise neurologically intact. L C6 dermatomal decreased sensation. There is no rationale noted on request for the Genetic opioid risk test except for a canned template statement. There is no documentation of planning any use of opioid or prior history of opioid tolerance or abuse. Medications is only listed as ibuprofen. Patient has had reported injections to L shoulder and physical therapy. Independent Medical Review is for "Genetic opioid risk test". Prior UR on 6/3/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Cytokine DNA Testing.

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 for Potential Opioid Abuse.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, genetic testing for opioid abuse/risk is not recommended. There is insufficient evidence to support its use, it is still largely experimental and more studies are recommended. There is no rationale noted on request for the Genetic opioid risk test except for a canned template statement. There is no documentation of planning any use of opioid or prior history of opioid tolerance or abuse. The request for Genetic Opioid Risk Test is not medically necessary.