

Case Number:	CM14-0091948		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2011
Decision Date:	10/01/2014	UR Denial Date:	05/22/2014
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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 48 year old male who sustained a work injury on 7-29-11. Office visit on 5-7-14 notes the claimant has low back pain and some leg pain. On exam, the claimant had tenderness to palpation at the thoracic spine with palpable twitch positive trigger points. Exam, of the lumbar spine showed pain with extension, negative SLR, palpable twitch positive trigger points, gait was antalgic. There was pain with range of motion. DTR were intact.

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, pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Genetic testing for potential opioid abuse

Decision rationale: ODG reflects that genetic testing for potential opioid abuse 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. Different studies use different criteria for

definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. There is an absence in documentation noting that this claimant cannot tolerate his oral medications or that he has an adverse reaction to opioids or that he has abuse medications or has aberrant behavior with this current treatment regimen. Therefore, the medical necessity of this request is not established as medically necessary.