

<b>Case Number:</b>	CM14-0092140		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/21/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 is a 68 year-old male who was injured at work on 1/21/1999. The injury was primarily to his neck and low back. He is requesting review of denial for the following services: 1 Proove Drug Metabolism Laboratory Test; and the 1 Proove Narcotic Risk Laboratory Test. The medical records corroborate ongoing care for his chronic neck and back pain. His chronic diagnoses include the following: Lumbar Radiculopathy; Lumbar Spondylolisthesis; and Lumbar Spondylosis. Medication treatment for his musculoskeletal problems includes: Norco, Methocarbamol, Aspirin, Ibuprofen, Paroxetine, and Lorcet. He has undergone the following surgical procedures: Lumbar Laminectomy; Lumbar Fusion; Decompression from L1-S1; and Posterolateral Fusion from L2-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Proove Drug Metabolism Laboratory 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 ( Chronic )- Genetic testing for Opiate therapy.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of genetic tests for chronic pain. These Guidelines conclude that these tests are not recommended. In summary, there is no current evidence supporting the use of this type of laboratory test. As such, the request is not medically necessary and appropriate.

**1 Proove Narcotic Risk Laboratory 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 ( Chronic )- Genetic testing for Opiate therapy.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of genetic testing for opioid therapy. They indicate that these tests are not recommended. In summary, the stated Guidelines do not support the use of this test. As such, the request is not medically necessary and appropriate.