

Case Number:	CM14-0092786		
Date Assigned:	07/25/2014	Date of Injury:	06/11/2003
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 63 year old female who sustained an industrial injury on June 11, 2003. The mechanism of injury was stepping off the riser without realizing that there was no floor under her and coming down heavy on the left leg. She had known lumbar spondylolisthesis. She was treated with a series of therapeutic lumbar epidural steroid injections in 2003 and in 2008. Her MRI of lumbar spine in 2008 showed 2 mm anterolisthesis of L4 anterior to L5 and T12-L1 this occasion with mild anterior bony spurring. Her diagnoses included lumbar radiculopathy as well as lumbar spondylolisthesis. Her medications included Flexeril and hydrocodone/APAP. The employee was seen by pain management on June 6, 2014. Her complaints included low back pain and lumbar radiculopathy. Her pain medications were continuing to provide her with pain relief and preservation of functional capacity. She reported a pain of 2/10. She was taking hydrocodone/APAP 10/325mg every 8 hours. On examination she was found to have a positive straight leg raising test on the left, pain on palpation of the lumbar facets at L3-S1. Anterior flexion of lumbar spine was noted to be restricted at 50. Diagnoses included continued chronic low back pain and lumbar radiculopathy. Treatment plan included refill of hydrocodone/APAP 10/325 mg and genetic drug metabolism testing along with genetic opioid risk test. She had previous urine drug screens which were consistent with hydrocodone intake.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Genetic testing for opioid abuse.

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, Cytokine DNA testing; Other Medical Treatment Guideline or Medical Evidence: Cytochrome P450 testing in high-dose opioid patients, Tenant F. Practical Pain Management, 2012, Tenant F. Genetic screening for defects in opioid metabolism. Pract Pain Manage. 2011.

Decision rationale: The employee was being treated for a lumbar radiculopathy and chronic back pain. She was being treated with the hydrocodone/APAP and Flexeril. Her previous urine drug screens have been consistent with the use of hydrocodone. Her pain medication management was being transferred over to a pain management physician. Upon evaluation in June of 2014 she was requested to have genetic metabolism testing as well as genetic opioid risk testing. According to Official Disability Guidelines, DNA testing is not recommended. According to the article cited above on Cytochrome P450 testing, no published guidelines yet exist for generalized testing of the CYP system outside of certain populations like specific cancers, patients requiring anticoagulation and HIV patients. In addition due to the high cost of analyzing blood for genetic abnormalities, routine blood testing is not a practical clinical tool at this time. 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, 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) Chronic Pain, Genetic testing for potential opioid abuse.

Decision rationale: The employee was being treated for a lumbar radiculopathy and chronic back pain. She was being treated with the hydrocodone/APAP and Flexeril. Her previous urine drug screens had been consistent with the use of hydrocodone. Her pain medication management was being transferred over to a pain management physician. Upon evaluation in June of 2014 she was requested to have genetic metabolism testing as well as genetic opioid risk testing. According to Official Disability Guidelines, 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. Request is not medically necessary.