

Case Number:	CM14-0095500		
Date Assigned:	07/25/2014	Date of Injury:	04/07/2011
Decision Date:	10/29/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain 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 injured worker is a 46-year-old female who reported injury on 04/07/2011. The mechanism of injury was not provided. Prior therapies included epidural steroid injections, medications, a wrist brace, biofeedback, and cognitive behavioral therapy. The documentation of 06/02/2014 revealed the injured worker had complaints of back pain. The injured worker had a history of degenerative disc disease with radiculopathy. The injured worker underwent a discogram and the injured worker was recommended to have a posterior L5-S1 fusion. The injured worker's medications included Lipitor, Ultram, Flexeril, Neurontin 300 mg 1 capsule 5 times a day and Zantac without adverse side effects. The documentation indicated the injured worker's pain medications helped with her functional level and decreased the severity of pain. The physical examination revealed the injured worker had decreased range of motion and pain with lumbar extension. The motor strength sensation and deep tendon reflexes were within normal limits. The diagnoses included radiculopathy; degenerative disc disease, lumbar; major depressive disorder, 1 episode, severe, without mention of psychotic behavior; other pain disorder related to psychological factors. The treatment plan included Lyrica 50 mg twice a day, Ultram, Flexeril, Zantac, and massage therapies. There was no Request for Authorization submitted for review. There was a lack of documented rationale for the requested interventions.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA testing

Decision rationale: The Official Disability Guidelines do not recommend DNA testing, as there is no current evidence to support the use of the testing for the diagnosis of pain, including chronic pain. There was a lack of documented rationale for the requested intervention. Given the above, the request for genetic metabolism test 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic testing for potential opioid abuse

Decision rationale: The Official Disability Guidelines indicate that genetic testing for potential opioid abuse is not recommended. The research is in the experimental stage. Given the above and the lack of documented rationale, as well as documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for genetic opioid risk test is not medically necessary.