

Case Number:	CM14-0095978		
Date Assigned:	07/25/2014	Date of Injury:	02/11/1997
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported injuries resulting from a motor vehicle accident on 02/11/1997. On 05/21/2014, his complaints included tingling and burning neck pain. His diagnoses included cervicalgia, cervical radiculitis, and post laminectomy syndrome-cervical. The documentation states that his motor vehicle accident of 1997 resulted in chronic intractable neck and back pain. His medical history included a 3 level cervical fusion, a right hip replacement in 2007, an intrathecal pump implant in 2009, right shoulder surgery in 2012, right hip joint removal in 2013, and a new right hip placement on 12/06/2013. His medications included Benadryl no dosage noted, Bupropion SR 150 mg, Lorazepam 0.5 mg, Naproxen 375 mg, Neurontin 300 mg, Omeprazole 20 mg, Oxycodone/APAP 10/325 mg, Seroquel 400 mg, Sertraline 50 mg, Temazepam 30 mg, Terazosin 5 mg, and Tramadol 50 mg. His intrathecal pump was for Fentanyl at 375 mcg per day. On the day of the examination, this worker declined any increase in the Fentanyl pump delivery system as he felt he was getting adequate pain control with the current setting. The rationale for the request stated that the goal of personalized medicine is to individualize health care by using the knowledge of the patient's health history, behaviors, environment, and most importantly genetic variations when making clinical decisions. One of the most important components of personalized medicine is pharmacogenetics, the study of genetic variations that influence individual response to drugs. A Request for Authorization dated 06/02/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure, Genetic Testing: 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).

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

Decision rationale: The request for molecular pathology procedure, genetic testing is not medically necessary. The Official Disability Guidelines do not recommend genetic testing for the potential of opioid abuse. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. There have been no randomized clinical trials on the benefits of genetic testing prior to oxycodone therapy. This injured worker has had this pump implanted for 5 years. Genetic testing is under study for determining the potential for efficacy or abuse. There is no data in the submitted documentation suggesting that this injured worker is abusing opioids. Additionally, he reported that he was getting adequate relief with the current setting of 375 mcg per day of Fentanyl. There were no urine drug screens suggesting that this injured worker had any aberrant drug taking behavior. The clinical information submitted fails to meet the evidence-based guidelines for genetic testing. Therefore, this request for molecular pathology procedure, genetic testing is not medically necessary.