MAXIMUS Federal Services

Case Number:	CM14-0099424		
Date Assigned:	07/28/2014	Date of Injury:	09/25/2006
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

This 65 year-old patient sustained an injury on 9/25/06 while employed by [redacted]. Request under consideration include Molecular Pathology Procedure. Diagnoses include Chronic low back pain; post-laminectomy lumbar syndrome/radiculitis; status/post L3-4 fusion; Atlanto-occipital sprain/strain/ C4-7 fusion (February 2009), and trochanteric bursitis. Conservative care has included medications, pain interventional epidural procedures, therapy, and modified activities/rest. There is utilization report dated 5/28/14 with certification of L2-3 and L5-S1 lumbar fusion with instrumentation, spinal fusion of L2-S1 with removal of instrumentation, exploration of fusion from L3-5, post-op PT, lumbar brace, external bone growth stimulator and 3 day hospital stay. Report of 5/28/14 from the pain management provider noted patient had follow-up for pharmacology re-evaluation. The patient had continued chronic low back and neck symptom complaints and has been utilizing a wheelchair and crutches for mobility performing 4 hours of work. Current medications list Advair, Celebrex, Flector patches, Oxycodone, Neurontin and Tramadol. Exam showed diffuse tenderness of cervical and lumbar spine region, limited range in lumbar flexion and extension of 0-20 degrees with muscle spasm, and pseudoradicular non-segmental pattern in right lower extremity. It was recommended the patient undergo genetic testing for metabolizing opioids. There was notation for urine toxicology screening dated 5/8/14 identifying Tramadol, but no oxycodone; however, the provider noted the patient only uses Oxycodone sparingly. Treatment included continuing with medication profile. It was noted under peer discussion, the provider noted the patient without difficulty currently on her opiates and the request be withdrawn or tabled until such time is needed. The request for Molecular Pathology Procedure was non-certified on 6/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, page(s) 789-795; Opioids, differentiation: Dependence & Addiction page(s) 802-806; Opioids, Screening for Risk of Addiction (tests), page(s) 809-810.

Decision rationale: This 65 year-old patient sustained an injury on 9/25/06 while employed by [redacted]. Request under consideration include Molecular Pathology Procedure. Diagnoses include Chronic low back pain; post-laminectomy lumbar syndrome/radiculitis; s/p L3-4 fusion; Atlanto-occipital sprain/strain/ C4-7 fusion (February 2009), and trochanteric bursitis. Conservative care has included medications, pain interventional epidural procedures, therapy, and modified activities/rest. There is utilizatin report dated 5/28/14 with certification of L2-3 and L5-S1 lumbar fusion with instrumentation, spinal fusion of L2-S1 with removal of intrumentation, exploration of fusion from L3-5, post-op PT, lumbar brace, external bone growth stimulator and 3 day hospital stay. Report of 5/28/14 from the pain management provider noted patient had follow-up for pharmacology re-evaluation. The patient had continued chronic low back and neck symptom complaints and has been utilizing a wheelchair and crutches for mobility performing 4 hours of work. Current medications list Advair, Celebrex, Flector patches, Oxycodone, Neurontin and Tramadol. Exam showed diffuse tenderness of cervical and lumbar spine region, limited range in lumbar flexion and extension of 0-20 degrees with muscle spasm, and "pseudoradicular" non-segmental pattern in right lower extremity. It was recommended the patient undergo genetic testing for metabolizing opioids. There was notation for urine toxicology screening dated 5/8/14 identifying Tramadol, but no oxycodone; however, the provider noted the patient only uses Oxycodone sparingly. Treatment included continuing with medication profile. It was noted under peer discussion, the provider noted the patient without difficulty currently on her opiates and the request be withdrawn or tabled until such time is needed. The request for Molecular Pathology Procedure was non-certified on 6/10/14 citing guidelines. MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criterias. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been stable.

Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines' non-recommendation. The Molecular Pathology Procedure is not medically necessary and appropriate.