

Case Number:	CM14-0138082		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	04/15/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 25 year old female, who sustained an industrial injury on 01/09/2013. Initial complaints reported included gradual onset of low back pain from cumulative trauma that progressed to sharp pain. The initial diagnoses were not provided. Treatment to date has included radiographs, conservative care, medications, physical therapy, acupuncture, MRI of the lumbar spine, and injections. Currently, the injured worker complains of constant low back pain radiating to the left lower extremity with associated numbness and tingling, and insomnia. Diagnoses (at the time of request for services) included lumbar spine strain/sprain, lumbar radiculopathy, lumbar disc protrusion, insomnia, adjustment disorder, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. The treatment plan at this time continuation of medications, topical medications, use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, home exercise program, urine drug screening, and cardio respiratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROOVE BIOSCIENCES NARCOTIC TEST 87905: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Proove Bioscience Narcotic Tests #87905 is not medically necessary. Pharmacogenetics testing is not recommended. Testing is not recommended except in a research setting. Evidence is not yet sufficiently robust to determine association of pain related genotypes and variability in opiate analgesia in human studies. No tests have been recommended by the U.S. FDA. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; lumbar radiculopathy; adjustment disorder; insomnia; idiopathic peripheral autonomic neuropathy; an unspecified disorder of autonomic nervous system. The treating physician ordered the BioScience Narcotic Risk Laboratory Tests to identify genetic risk factors of narcotic abuse, tolerance and dependence to improve the patient's outcome and contained or avoid costs from unnecessary high dose narcotic usage. There is no family history of narcotic use, misuse or abuse. The current lists of medications include Advil, Tylenol and Terocin patches. The FDA has not approved or recommended any genetic tests. Consequently, absent clinical documentation with FDA approval and guideline recommendations indicating testing is not recommended except in a research setting, Proove Bioscience Narcotic Tests #87905 is not medically necessary.