

Case Number:	CM14-0161652		
Date Assigned:	10/08/2014	Date of Injury:	12/03/1998
Decision Date:	01/21/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 44 year old patient with date of injury of 12/03/1998. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, postlaminectomy syndrome of lumbar region, sacroiliitis, adjustment disorder with anxiety and depression, persistent disorder of initiating or maintain sleep, bipolar disorder and diabetes mellitus type II. Subjective complaints include back pain, rated 8-9/10 at worse and 2-4/10 at best and difficulty sleeping. Objective findings include flattening of normal lumbar lordosis, diffuse tenderness bilaterally over lower lumbar facets, facet loading test positive bilaterally, antalgic gait favoring right lower extremity and Piriformis tenderness on right. Treatment has consisted of discogram, three level fusion, spinal cord stimulator, aquatic therapy, epidural steroid injection, physical therapy, acupuncture, chiropractic therapy, massage, Trazodone, Methadone, Lidoderm, Depakote, Metformin, Niacin, Lyrica, Nucynta, Cymbalta, Seroquel and Prozac. The utilization review determination was rendered on 09/15/2014 recommending non-certification of prove narcotic risk genetic profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prove narcotic risk genetic profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Opioid, Genetic Testing for Potential Opioid Abuse.

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing.. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and "While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this." There is no current evidence to support this type of testing and the treating physician has not indicated how the outcome of this testing will change this patient's treatment plan. As such, the request for prove narcotic risk genetic profile is not medically necessary.