

Case Number:	CM14-0174275		
Date Assigned:	10/24/2014	Date of Injury:	08/12/2013
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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 patient is a 35-year-old male who has submitted a claim for herniated disc L4-L5 and L5-S1, lumbar radiculopathy, and myofascial pain syndrome associated with an industrial injury date of 8/12/2013. Medical records from 2014 were reviewed. The patient complained of low back pain. Physical examination showed diminished sensation at left L4 to S1, hyporeflexia at left knee and left ankle, tenderness and trigger points at paralumbar muscles, limited lumbar motion and positive straight leg raise test at the right. Urine drug screen was performed on 9/19/2014 showing inconsistent result with prescription medications. A letter of medical necessity for comprehensive molecular diagnostic testing was submitted on 10/30/2014 citing that it is recommended by the US Food and Drug Administration for a number of drugs commonly prescribed in the treatment of work-related injuries. Treatment to date has included epidural steroid injections, physical therapy, chiropractic care, aqua therapy and medications such as Tramadol, Neurontin, and Ibuprofen. The utilization review from 10/8/2014 denied the request for DNA / pharmacogenetic test because the patient's drug use history was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA / Pharmacogenetics 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: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

Decision rationale: Page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, Official Disability Guidelines state that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. In this case, the patient's current medications include tramadol, Neurontin and ibuprofen. Urine drug screen was performed on 9/19/2014 showing inconsistent result with prescription medications. A letter of medical necessity for comprehensive molecular diagnostic testing was submitted on 10/30/2014 citing that it is recommended by the US Food and Drug Administration for a number of drugs commonly prescribed in the treatment of work-related injuries. However, there was no discussion concerning genetic predisposition towards addiction and opioid tolerance. Exploration of possible aberrant drug behavior was likewise not documented. The medical necessity was not established due to insufficient information. Therefore, the request for DNA / pharmacogenetic test is not medically necessary.