

Case Number:	CM14-0188438		
Date Assigned:	11/19/2014	Date of Injury:	04/15/2010
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 67 year old male patient who sustained an injury on 4/15/2010. The current diagnoses include complex regional pain syndrome and failed back surgery syndrome. He sustained the injury due to involvement in a motor vehicle accident. Per the doctor's note dated 10/14/2014, patient had complaints of low back and right leg pain. The physical examination revealed lumbar spine range of motion- extension full and flexion 35 degrees. Per the doctor's note dated 9/5/14, he had complaints of back pain and neck pain. The physical examination revealed antalgic gait, scar over the lumbar spine, weakness in the right and left lower extremity, decreased sensation to light touch in right L4-5 dermatomes, area of allodynia and hyperpathia in the lateral aspect of the lower leg. The medications list includes ambien, trazadone, norco and lunesta. He has had lumbar spine MRI in 2010 which revealed at L4-5 moderate bilateral facet degenerative changes and ligamentum flavum hypertrophy, moderate disc desiccation, combination of small posterior spur and broad-based disc protrusion measuring a maximal of 4 mm in AP diameter within the left neural foramen, severe spinal stenosis and mild to moderate left and mild right lateral recess and neural foraminal narrowing; EMG/NCS dated 3/1/11 which revealed mild right L5 radiculopathy. He has undergone lumbar laminectomy and discectomy at L4-5 on 10/27/2011 and implantation of spinal cord stimulator on 10/21/2013; open reduction and internal fixation for the bilateral tibia/fibula fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Drug Metabolism Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing for Pain Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain(updated 11/21/14) Genetic testing for potential opioid abuse

Decision rationale: Per the cited guidelines, Cytokine DNA Testing for Pain is "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain."In addition, per the ODG, genetic testing 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. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012)."There is no high grade scientific evidence to support the use of genetic metabolism testing. A urine drug test report documenting results that were inconsistent with prescribed medications was not specified in the records provided . Evidence of aberrant drug behavior or history of drug abuse in the past was not specified in the records provided.The medical necessity for the Genetic Drug Metabolism Testing is not established for this patient.