

Case Number:	CM14-0192746		
Date Assigned:	11/26/2014	Date of Injury:	02/28/2013
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 52 year old patient with date of injury of 02/28/2013. Medical records indicate the patient is undergoing treatment for lumbar spine strain, herniated lumbar disc L4-L5 with right sided L4-L5 radiculopathy, history of right shoulder surgery at birth, right shoulder tendinitis with adhesive capsulitis and status-post open reduction and fixation of the right ankle. Subjective complaints include low back pain that radiates into bilateral legs, rated as 8/10; tiredness, anxiety and depression. Objective findings include right shoulder range of motion: flexion 80 degrees, abduction 80 degrees, lumbar spine range of motion: flexion 45 degrees, extension 15, lateral bending to right and left is 20; positive straight leg raise bilaterally eliciting pain at L5-S1 dermatome distribution, hypoesthesia at the anterolateral aspect of than incomplete nature noted at L5-S2 dermatome bilaterally, tenderness over the greater tuberosity of the right humerus, paraspinal tenderness and spasm and weakness in the big toe with dorsiflexor and plantar flexor bilaterally. MRI of lumbar spine on 01/03/2014 revealed straightening of the lumbar spine, L4-5 diffuse disc protrusion compressing the thecal sac, disc material and facet hypertrophy causing bilateral stenosis of neuroforaminal that effaces the right and encroaches the left L4 exiting nerve roots. NCV dated 12/27/2013 was normal with no evidence to suggest a peripheral neuropathy, nerve entrapment or myelopathy. Treatment has consisted of epidural steroid injections, physical therapy, NCV. The utilization review determination was rendered on 10/20/2014 recommending non-certification of Cytochrome P450 (CYP) to establish optimized medication dosing #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cytochrome P450 (CYP) to establish optimized medication dosing #1: 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." This type of testing is still considered experimental in nature; it is not clear how the proposed testing would change the treatment plan. There is an absence of medical guidelines and evidence to support this type of testing. As such, the request for Cytochrome P450 (CYP) to establish optimized medication dosing #1 is not medically necessary.