

Case Number:	CM14-0192829		
Date Assigned:	11/26/2014	Date of Injury:	03/23/1998
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
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 Family Practice 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:

69 year old male claimant sustained a work injury on 5/24/45 involving the low back. He was diagnosed with lumbosacral radiculitis and muscle spasms. A progress note on 10/8/14 indicated the claimant had been using an intrathecal pump for pain, which provided Baclofen and Morphine. He had 7/10 back pain. Exam findings were notable for limited range of motion of the lumbar spine. There was mention of genetic testing to identify enzymes that the body uses to metabolize opioids. A separate request was made for 2 blood draws.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for blood drawn times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS guidelines do not specifically address genetic testing. According to the ODG guidelines genetic testing for 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. 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. In this case, the need for 2 blood draws was not specified. If the request is for genetic testing than it is not indicated as well. The request for the 2 blood draws is not medically necessary.