Case Number:	CM14-0194707		
Date Assigned:	12/02/2014	**Date of Injury:**	09/22/1996
Decision Date:	01/14/2015	**UR Denial Date:**	10/29/2014
Priority:	Standard	**Application Received:**	11/20/2014

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 Internal Medicine, and is licensed to practice in New York. 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 43-year-old male with a work related injury dated September 22, 1996. The worker presented to his physician on October 15, 2014 with complaints of left shoulder and lower back pain. Shoulder pain was reported worse with overhead use of the joint; pain in the lower back worsened with prolonged sitting or standing. Per the physician's documentation, the worker had changed his medications due to what was paid for by his insurance. His Fentanyl had been changed, and his Amlodipine had been non-certified. The physical examination was remarkable for tenderness to palpation over the left shoulder and superior trapezius. There was also palpable tenderness over the Iliolumbar area with flexion and exertion from the waist to knee. The worker also had an elevated blood pressure. Diagnoses reflected with this visit included chronic pain syndrome and hypertension. The authorization request dated October 15, 2014 reflected an order for Fentanyl patches for chronic pain relief, Norco oral pain medication and a blood test for therapeutic range of opiate tolerance. The utilization review decision dated October 27, 2014 non-certified the blood draw for therapeutic range for opiate tolerance. The rationale cited for non-coverage reflected this request was not addressed in the California MTUS and that the ODG reflected this test was not recommended. Numerous genes are involved with the pharmacokinetics and dynamics of opioids response to morphine based in the context of opioid analgesia. The predicting of the analgesic response to morphine with pharmacokinetic testing is more complex. There is hope that a simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, however, this is unlikely to occur. The worker is receiving significantly high doses of Opioids but there are no exceptional factors demonstrated in this case. With this, it was deemed that the blood draw for therapeutic range for opiate tolerance performed on October 15, 2014 was not medically appropriate and necessary in this worker now and is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Draw for therapeutic range for opiate tolerance DOS: 10/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic pain-genetic testing for potential drug abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Pain, Genetic testing opioids

Decision rationale: ODG 2014 on opioids and blood testing for tolerance/abuse states that this 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. See also pharmacogenetics testing, opioid metabolism; cytokine DNA testing. Therefore, this request is not medically necessary.