

<b>Case Number:</b>	CM14-0195419		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of February 3, 2013. A utilization review determination dated October 23, 2014 recommends noncertification of lab tests. Noncertification was recommended since there is documentation that the patient is responding to these medications appropriately. A progress report dated September 15, 2014 indicates that the patient underwent lumbar surgery 10 years ago. The patient has been sent to a pain management doctor. She has a lot of pain and will see the pain management doctor in 3 days. Physical examination reveals marked tenderness to palpation around the mid back with decreased strength in the left lower extremity and decreased sensation in both lower extremities in the L4 and S1 nerve root distribution. Diagnoses include status post anterior posterior fusion of the lumbar spine, status post lumbar hardware removal, and mild degenerative change in the lumbar spine. The treatment plan recommends a prescription for Norco until the patient sees a pain management doctor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYP2D6 X 1, CYP2D6 X 1, CYP2C9 X 1, CYP3A4 X 1, CYP3A5 X 1:** 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), Pain Chapter,

Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse and other Medical Treatment Guideline or Medical Evidence:

[http://scholar.google.com/scholar?q=pharmacogenomics+of+cyp2d6&hl=en&as\\_sdt=0&as\\_vis=1&oi=scholart&sa=X&ei=MBY0VIW5HtjWoATB2oKQCg&ved=0CBsQgQMwAA](http://scholar.google.com/scholar?q=pharmacogenomics+of+cyp2d6&hl=en&as_sdt=0&as_vis=1&oi=scholart&sa=X&ei=MBY0VIW5HtjWoATB2oKQCg&ved=0CBsQgQMwAA)  
[https://www.jstage.jst.go.jp/article/dmpk/27/1/27\\_DMPK-11-RV-121/\\_pdf](https://www.jstage.jst.go.jp/article/dmpk/27/1/27_DMPK-11-RV-121/_pdf)

**Decision rationale:** Regarding a request for lab testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. A search of the National Library of Medicine did not identify any peer-reviewed scientific studies recommending the use of CYP enzyme testing for any of this patient's diagnoses. Additionally, the requesting physician has not identified that the patient has any risk factors for enzyme abnormalities. As such, the currently requested lab testing is not medically necessary.