

Case Number:	CM14-0196254		
Date Assigned:	12/04/2014	Date of Injury:	11/06/1992
Decision Date:	04/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 63-year-old female reported a work-related injury on 11/06/1992. According to the progress notes from the treating provider dated 10/9/14, the injured worker (IW) reports constant, radiating neck pain which is increased by movement. The diagnoses include lumbosacral spondylosis, opioid type dependency, lumbalgia, post laminectomy syndrome and generalized osteoarthritis. Previous treatments include medications. The treating provider requests genetic testing for opioid dependence. The Utilization Review on 11/03/2014 non-certified the request for genetic testing for opioid dependence. References cited were Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC), Pain Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing for opioid dependence: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Genetic testing (Cytokine DNA testing).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, genetic testing for opiate dependence is not medically necessary. 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 a large phenotype range. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; opiate type dependence; migraine variant; lumbago, post laminectomy syndrome; and osteoarthritis. Genetic testing theoretically helps determine the most effective medications to prescribe and to assist the provider with objective evidence in terms of the appropriate medications to wean. The injured worker was last seen on October 9, 2014 and is currently taking Morphine and Norco. The medical record does not contain documentation of a past medical history or family history of drug use or abuse. There is no risk assessment in the medical record and no documentation the injured worker is at risk for drug misuse or abuse. Genetic testing is not recommended. Consequently, the guidelines do not recommend genetic testing and, as a result, genetic testing for opiate dependence is not medically necessary.