

<b>Case Number:</b>	CM14-0200616		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/24/2007
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 70 year old male with an injury date on 1/24/07. The patient complains of low lumbar pain, bilateral leg pain, bilateral hand pain, and anxiety/depression per 8/7/14 report. The patient complains of continuous pain that is tend, sharp, shooting, and aching, with VAS of 9/10 per 8/7/14 report. Based on the 8/7/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar post laminectomy syndrome2. lumbosacral neuritis/radiculitis3. myofascial pain syndrome4. SI joint dysfunction5. Depression, NOS6. Anxiety state, NOS7. Therapeutic drug monitoring8. Carpal tunnel syndromeA physical exam on 8/7/14 showed "L-spine range of motion reduced, straight leg raise positive on the right." The patient's treatment history includes medications, L-spine laminectomy/fusion x 2 and knee surgery x2. The treating physician is requesting pharmacogenetic testing (CYP2C19, CYP2D6, CYP2C9, CYP3A5, CYP3A4). The utilization review determination being challenged is dated 11/3/14. The requesting physician provided treatment reports from 4/1/14 to 11/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacogenetic testing (CYP2C19, CYP2D6, CYP2C9, CYP3A5, CYP3A4):** Upheld

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

**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, Genetic testing for potential opioid abuse. ODG: Pain Chapter, Cytokine DNA testing.

**Decision rationale:** This patient presents with lower back pain, bilateral leg pain, and bilateral hand pain. The treater has asked for (CYP2C19, CYP2D6, CYP2C9, CYP3A5, CYP3A4) but the requesting progress report is not included in the provided documentation. The patient is currently using Norco. The patient had a 12 panel urine drug screen and the results were appropriate per 8/7/14 report. Regarding Genetic testing for potential opioid abuse, ODG states "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." In this case, the patient is on opiates and a recent urine drug screen came out with appropriate findings. ODG guidelines do not recommend genetic testing. The requested pharmacogenetic testing is not medically necessary.