

Case Number:	CM14-0201034		
Date Assigned:	12/11/2014	Date of Injury:	09/16/2013
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	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 21 year old female with an injury date of 09/16/13. Based on the 04/14/14 progress report, the patient complains of constant pain in her left lower extremity. The pain spreads to her left foot to up and down her leg to her knee, hip, and back. Her symptoms include stabbing, throbbing, and aching pain with extreme sensitivity to touch. She also has difficulty sleeping. The 06/17/14 report states that the patient has pain in her left foot and rates his pain as a 9/10. Palpation of the lumbar facet reveals left sided pain at L3-S1. The patient has an antalgic gait. The 10/24/14 report indicates that the patient has complex regional pain syndrome of her left lower extremity and she rates her pain as a 10/10. She has clear allodynia, hyperesthesia, and slight mottling of a purplish color of the skin of the dorsum of her left foot. There is diffuse edema of the skin of the left foot in comparison to the right. The patient's diagnoses include the following: Left foot contusion Left foot chronic regional pain syndrome (CRPS)/RSD The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 01/31/14- 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test: 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): Pain Chapter, Genetic Testing for Potential Opioid Abuse and Cytokine DNA Testing for Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Genetic testing for potential opioid abuse

Decision rationale: The patient presents with complex regional pain syndrome of her left lower extremity. The request is for genetic metabolism test. The MTUS, page 42 discusses only Cytokine DNA testing for pain and states it is not recommended. The ODG guidelines, Genetic testing for potential opioid abuse, 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. 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." The patient is currently taking MS Contin, Soma, Ultram, and Amitriptyline. In this case, the genetic metabolism test is not recommended by the ODG. Therefore, the request is not medically necessary.

Genetic opioid risk test: 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): Pain Chapter, Genetic Testing for Potential Opioid Abuse and Cytokine DNA Testing for Pain

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

Decision rationale: The patient presents with complex regional pain syndrome of her left lower extremity. The request is for genetic opioid risk test. The MTUS, page 42 discusses only Cytokine DNA testing for pain and states it is not recommended. The ODG guidelines, Pain Chapter, Genetic testing for potential opioid abuse, 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. 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." The patient is currently taking MS Contin, Soma, Ultram, and Amitriptyline. Current research is experimental and this testing is not recommended by the ODG. Given the lack of support from the ODG guidelines, the requested genetic opioid risk test is not medically necessary.