

Case Number:	CM14-0205061		
Date Assigned:	12/17/2014	Date of Injury:	05/18/2011
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New Jersey. 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 injured worker is a 38 year-old male who was injured on 5/18/11 due to repetitive work. He complained of ongoing low back and neck pain. On exam, he had tender right side around L3-S1, pain with lumbar flexion and extension, grossly normal motor strength. He was diagnosed with lumbar radiculopathy, chronic lumbar and cervical strain, psych issues, sleep disorder and headaches. His therapy included physical therapy, acupuncture, chiropractic sessions, radiofrequency ablation of the right L3, L4, L5, medial branch blocks of L3-L5. His medications included opioids and benzodiazepines. The current request is for Genetic Metabolism test and Genetic Opioid Risk screening which were not certified by utilization review on 11/12/14.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pharmacogenetic Testing, Opioid Metabolism, Genetic Testing for Potential Opioid Abuse

Decision rationale: The request is considered not medically necessary. ODG guidelines were used because MTUS did not address this. The use of pharmacogenetic testing to evaluate the rate of opioid metabolism or to check for abuse is not recommended in the clinical setting. Controlled trials are needed to evaluate its utility in clinical medicine. Evaluation of abuse potential is done through CAGE questionnaire and other screening methods. Therefore, the request is not medically necessary.

Opioids Screening for Risk of Addiction (tests): 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), Genetic Testing for Potential Opioid Abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pharmacogenetic Testing, Opioid Metabolism, Genetic Testing for Potential Opioid Abuse

Decision rationale: The request is considered not medically necessary. ODG guidelines were used because MTUS did not address this. The use of pharmacogenetic testing to evaluate the rate of opioid metabolism or to check for abuse is not recommended in the clinical setting. Controlled trials are needed to evaluate its utility in clinical medicine. Evaluation of abuse potential is done through CAGE questionnaire and other screening methods which should be done at each visit and does not require a separate visit or order. Therefore, the request is not medically necessary.