

Case Number:	CM14-0083601		
Date Assigned:	07/21/2014	Date of Injury:	01/23/2007
Decision Date:	02/17/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal Medicine, has a subspecialty in Geriatrics, and is licensed to practice in New York. 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 woman with a date of injury of 1/23/07. She was seen by her primary treating physician on 5/8/14. She suffered from headaches and was seen by her PCP, a neurologist and an ophthalmologist and had a brain MRI. She had stopped going to aquatherapy due to headaches and dizziness but was feeling better. There is no exam documented. Her diagnoses included cervical spine strain/sprain, gastritis (iatrogenic), left lower extremity radiculopathy, meralgia paresthetica, shoulder sprain/strain, anxiety and depression. Her medications were refilled - norco, naprosyn and prilosec. She also took topical pain medications. She had a urine drug screen in 12/13. At issue in this review is the request for genetic testing for narcotic risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing for narcotic risk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain (updated 05/15/14) 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 Other Medical Treatment Guideline or Medical Evidence: uptodate: overview of pharmacogenomics.

Decision rationale: Pharmacogenetic testing is available in certain drug classes, and may help doctors understand why individuals respond differently to various drugs to make better decisions about therapy. There are now FDA guidelines as to the use of genetic markers to guide therapy for a variety of agents including codeine. However, in this injured worker, the records do not indicate that she has had difficulty with opioids with regards to response to therapy or adverse side effects. Prior urine drug testing did not document any issues with compliance or abuse. Therefore, the records do not justify the medical necessity for genetic testing. The request is not medically necessary.