

Case Number:	CM15-0131357		
Date Assigned:	07/17/2015	Date of Injury:	11/21/2009
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on November 21, 2009. The injured worker reported fall on wet floor injuring her back. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), lumbar disc displacement, lumbar facet arthropathy, lumbar radiculitis, cervicalgia, low back pain and depression. Treatment to date has included x-rays, magnetic resonance imaging (MRI), physical therapy pain management, facet blocks and epidural steroid injection. A progress note dated June 1, 2015 provides the injured worker complains of low back and leg pain rated 8/10. She reports numerous oral medication and transdermal medication trials have failed to provide therapeutic relief of pain. She reports Cymbalta, amitriptyline provide 30% benefit. Butrans patch did not provide substantive improvement. Physical exam notes cervical tenderness with spasm and lumbar tenderness. The plan includes genetic testing to determine if hyper-metabolizer, Butrans and amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing to determine if hyper-metabolizer: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) drug metabolism testing.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend genetic testing for drug metabolism except in a research setting. The review of the provided clinical records does not show this to be the case and therefore the request is not medically necessary.