

Case Number:	CM15-0197869		
Date Assigned:	10/13/2015	Date of Injury:	12/29/2004
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 12-29-2004. The injured worker was diagnosed as having lumbar radiculopathy, lumbar intradiscal component, and myofascial low back pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-14-15, the provider documents "Subject complaints: 7 out of 10 low back pain with lower extremity symptoms. Recalls trauma to head with injury. Continues complaints of headache. Complains of intermittent cognitive changes. Expresses concern. Compound does facilitate diminution in pain and improve tolerance to activity. Desires to continue compound. Medication at current dosing facilitates maintenance of activities of daily living (ADL's) with examples provided including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADL's were in jeopardy and does give examples. Recalls frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medication. Specific examples provided in regards to objective improvement with medication on board include tolerance to activity and improved function at current dosing. Tramadol ER 150mg two by mouth daily does facilitate average five point diminution in somatic pain. Improved range of motion and greater tolerance to exercise and a variety of activity with this medication on board, with specific examples. Recalls ADL's had been in jeopardy prior to Tramadol ER at 300 at current dosing. NSAID does facilitate improved range of motion and decreased "achy pain" an additional 3-point average with improved range of motion as patient understands this is first line agent per Guidelines discussed. Recalls history of GI upset with NSAID but no GI upset with

PPI at current does, three times a day. Recalls refractory nature of spasm prior to cyclobenzaprine on board at current dosing...an additional decreased in overall pain level average 3-4 point's average on 10 scale." Objective findings are documented as "Tenderness lumbar spine, lumbar range of motion: flexion 40 degrees, extension 35 degrees, bilateral lateral tilt 30 degrees, bilateral rotation 35 degrees, spasm of the lumboparaspinal musculature. Difficulty arising from seated position." The providers treatment plan includes pain management consult for possible epidural injection lumbar; neurologist consult; LSO brace, topical compound and DNA-genetic testing to rule out metabolic pathway deficiency for proper medication selection management. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-11-15 and non-certification for DNA/Genetic testing. A request for authorization has been received for DNA/Genetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pharmacogenetic testing, opioid metabolism, Cytokine DNA testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse.

Decision rationale: The claimant sustained a work injury in December 2004 with injury to the low back and continues to be treated for low back pain with lower extremity symptoms. When seen, pain was rated at 7/10. Medications were providing benefit including improved activities of daily living. Physical examination findings included decreased lumbar spine range of motion. There was lumbar spine tenderness with paraspinal muscle spasms. She had difficulty arising from a seated position. Recommendations included a pain management consultation for an epidural injection. Continued use of a lumbosacral orthosis was recommended. Genetic testing was requested. Opioid rotation was being considered. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. The requested DNA/genetic testing is not considered medically necessary.