

Case Number:	CM15-0201550		
Date Assigned:	10/16/2015	Date of Injury:	12/10/2007
Decision Date:	12/02/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California 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 51 year old male, who sustained an industrial injury on 12-10-2007. He has reported injury to the left knee. The diagnoses have included chronic left knee pain, status post arthroscopy secondary to meniscus tear; severe neuropathic pain; opioid dependence; and gait dysfunction. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Norco, Vicodin, Ibuprofen, Tizanidine, and Voltaren gel. A report from the treating physician, dated 09-15-2015, documented an evaluation with the injured worker. The injured worker reported continued left knee pain, worse at night with multiple spasm episodes; he consistently wears the left knee brace; the Norco, Ibuprofen, and Voltaren gel are most effective for pain; he takes Norco when the pain is severe; with medication, his pain is reduced to where he is able to do his activities of daily living; he has difficulty sleeping at night due to his symptoms; and he has difficulty standing or walking for long periods of time. Objective findings included he is alert and oriented; he ambulates slowly and has an antalgic gait; he has difficulty standing from seated position; he has a short stride; he is wearing a left knee brace; there is tenderness on palpation to the left knee joint line; and there is no effusion. The provider noted that the injured worker had "pharmacogenetic testing done today, as patient is on multiple medications increasing the risk for adverse events or drug-drug interactions, and appears to be experiencing lack of symptom relief". The patient had UDS on 3/30/15 that was consistent for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Pharmacogenetic/DNA Testing QTY: 1 (DOS: 09/15/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Online, Chronic Pain, Genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15) Genetic testing for potential opioid abuse.

Decision rationale: Per the ODG cited below genetic testing is “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 (Levrán, 2012).” Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. A detailed history documenting that this patient has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided. The exact genetic factors that would be covered during the proposed testing are not specified in the records provided. History of drug abuse or addiction is not specified in the records provided. The patient had a UDS on 3/30/15 that was consistent for hydrocodone. The request for Retrospective: Pharmacogenetic/DNA Testing Qty: 1 (DOS: 09/15/15) is not medically necessary or fully established in this patient.