

Case Number:	CM15-0225601		
Date Assigned:	11/24/2015	Date of Injury:	05/07/2013
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/17/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 40 year old female, who sustained an industrial injury on May 07, 2013. The injured worker was diagnosed as having lumbar sprain and strain, lumbar disc extrusion at lumbar 4 to 5 and lumbar 5 to sacral 1 with right radiculopathy, chronic pain syndrome, and comorbidities of status post gastric bypass and anti-inflammatory medication intolerance. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction velocity, laboratory studies, physical therapy, injections, use of bracing, status post lumbar microdiscectomy, use of a walker, acupuncture, massage, and use of a stimulation unit. In a progress note dated October 16, 2015 the treating physician reports complaints of shooting, radiating, squeezing, pressure, and deep pain to the low back. Examination performed on October 16, 2015 was revealing for "difficulty" walking secondary to pain in the back that radiates to the right leg and decreased range of motion with guarding to the lumbar spine. The injured worker's current medication regimen on October 16, 2015 included Oxycodone (since at least August 31, 2015), Tizanidine (prescribed since at least October 15, 2014), Hydromorphone (with an unknown start date), and Neurontin (since at least prior to October 14, 2014). The injured worker's pain level on October 16, 2015 was rated a 9 out of 10 prior to the use of her medication regimen that decreased to an 8 out of 10 with the use of her medication regimen. The treating physician also noted that the injured worker has "pain and difficulty with self-care including showering and other activities of daily living" and that the use of her medication regimen "help decrease the pain to a tolerable level and allows her to build function in the daytime", but also noted "some" daytime tiredness secondary to the use of

Tizanidine. The medical records provided included pharmacologic laboratory studies performed on October 16, 2015. The treating physician requested pharmacogenetic testing, but did not indicate the specific reason for the requested study. On November 09, 2015 the Utilization Review denied the request for pharmacogenetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Cytokine DNA testing.

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) Opioid, Genetic testing for potential opioid abuse.

Decision rationale: While MTUS does not specifically mention genetic testing in regards to drug testing, it does state that urine drug testing is preferred. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and “While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this.” The available medical record provides no documentation as to why this generally not recommended test would be appropriate for this IW and also provides no additional evidence based data which would contravene the ODG recommendation. As such, the request for Pharmacogenetic test is deemed not medically necessary.