

Case Number:	CM15-0030655		
Date Assigned:	03/02/2015	Date of Injury:	08/17/1993
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This is a 72 year old female patient, who sustained an industrial injury on August 17, 1993. She sustained an injury when she was carrying a large stack of papers; she fell and injured her back. The diagnoses include lumbar degenerative disc disease and chronic pain syndrome. Per the doctor's note dated 1/8/2015 and 2/4/2015, she had complains of low back pain. The physical examination of the musculoskeletal system revealed tenderness over the iliolumbar area and tenderness on flexion. The current medications list includes Lidoderm patches, flexeril and Norco. She has undergone lumbar fusion in 1990 and periodic lumbar epidural steroid injections. She has had urine drug screen on 1/15/15, which was consistent for hydrocodone. On January 26, 2015 Utilization Review non-certified a PGT testing, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective PGT testing: 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) for pain, Pharmacogenetic testing, opioid metabolism: Cytokine DNA testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/01/15) Genetic testing for potential opioid abuse.

Decision rationale: This review is regarding PGT, which is a form of genetic testing. Per the cited guidelines, Cytokine DNA Testing for Pain is "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." In addition, per the ODG, 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)" There is no high-grade scientific evidence to support the use of genetic metabolism testing. Evidence of aberrant drug behavior or history of drug abuse in the past was not specified in the records provided. The medical necessity for retrospective PGT testing was not established for this patient.