

Case Number:	CM15-0044364		
Date Assigned:	03/16/2015	Date of Injury:	12/13/2013
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained an industrial injury on 12/13/13. He reported neck and low back pain as the result of an industrial injury. The injured worker was diagnosed as having unspecified musculoskeletal disorders and symptoms Neck; other unspecified back disorder; cervical neuritis/radiculopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis unspecified; shoulder tenosynovitis. Treatment to date has included acupuncture; x-rays cervical spine, thoracic spine, lumbosacral spine, and left shoulder (12/31/14); therapeutic epidural steroid injection, therapeutic percutaneous epidural decompression Neuroplasty, therapeutic left medial branch blocks L4-5 and L5-S1 (10/15/14); same procedure as mentioned before but on the right (10/8/14); left shoulder injection (10/8/14); urine drug screening for medical management; medications. Currently, per PR-2 notes dated 1/7/15, the injured worker complains of numbness bilateral low back pain with limited range of motion of the neck, left shoulder, mid and low back. Other notes submitted indicate radicular pain to bilateral extremities. The injured worker has been on prescribed "medications for a while, but still experiences difficulty with daily functions." The provider indicates this " Drug Metabolism laboratory test (via saliva)" was ordered because "medications affect each patient differently due to inherited variations."

IMR ISSUES, DECISIONS AND RATIONALES

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

One Time [REDACTED] Drug Metabolism Lab Test via Saliva: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Pharmacogenetics.

Decision rationale: Pursuant to the Official Disability Guidelines, one time [REDACTED] drug metabolism lab test via saliva is not medically necessary. Pharmacogenetics testing is not recommended. Testing is not recommended except in a research setting. Evidence is not yet sufficiently robust to determine association of pain related genotypes and variability in opiate analgesia human studies. In clinical practice, no tests have been recommended by the United States FDA. In this case, the injured worker's working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorder; cervical neuritis/radiculopathy; lumbago; harassing or lumbosacral neuritis or radiculitis; and shoulder tenosynovitis. On September 19, 2014, the injured worker at a urine drug toxicology screen with nothing detected. Documentation for a January 7, 2015 progress note shows the injured worker was using 2 topical analgesics. A January 28, 2015 progress note shows the injured worker is taking no medications (opiates). The treating physicians report the rationale for the drug metabolism test is to test the injured worker for inherited variations in response to opiate use. There is no documentation of a family history of opiate intolerance. The injured worker is not presently using opiates. The drug metabolism lab test is not recommended pursuant to the Official Disability Guidelines. Consequently, absent compelling clinical documentation and non-recommendation according to the Official Disability Guidelines, one time [REDACTED] drug metabolism lab test via saliva is not medically necessary.