

<b>Case Number:</b>	CM15-0055872		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

Certification(s)/Specialty: Emergency 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 a 51-year-old female, who sustained an industrial injury on 11/17/2013. She reported pain while transferring a patient. The injured worker was diagnosed as having headache, cervical sprain/strain, carpal tunnel syndrome, knee and upper leg sprain and ankle foot sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 1/23/2015, the injured worker complains of left ankle pain, right knee compensatory pain. No medication list was provided. It is unclear if patient is even on any opioids. The treating physician is requesting a saliva drug metabolism laboratory test. It is not clear from documentation what is being requested. Utilization reviewed it as a pharmacogenetic test request but progress notes only states request for drug screening test. The submitted CPT codes are for pharmacogenetic testing and will be reviewed as such.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time prove 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, it is not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. The requested test is not medically necessary.