

<b>Case Number:</b>	CM15-0058701		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/09/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 50-year-old male, who sustained an industrial injury on December 9, 2001. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy, sacroiliitis, and low back pain. Treatment to date has included x-rays, MRI, physical therapy, epidural steroid injection, ice, heat, rest, and medications. On August 28, 2014, the injured worker complains of continuous low back pain radiating to the left knee and right buttock. The physical exam revealed he was able to toe and heel walk, able to squat, a non-tender back, decreased range of motion, decreased sensation on the left lumbar 5 and sacral 1 distribution, as positive left straight leg raise, and groin pain with internal rotation of the right hip. The treatment plan includes chiropractic treatment and acupuncture. The requested treatments are [REDACTED] Narcotic Risk Genetic Profile and [REDACTED] Drug Metabolism Comprehensive, which were performed on December 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request:** [REDACTED] Narcotic risk, genetic profile, Date of service 12/29/2014:  
 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 - Genetic testing for potential Opioid abuse.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, page 42.

**Decision rationale:** There was no mention of indication or specifics for justification of this genetic profile (CYP-450/ DNA) testing. It is unclear what type of DNA testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressants and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no such medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended, as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The Retrospective request: [REDACTED] Narcotic risk, genetic profile, Date of service 12/29/2014 is not medically necessary and appropriate.

**Retrospective request:** [REDACTED] **drug metabolism, comprehensive with Date of service 12/29/2014:** 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 - Pharmacogenetic testing, Opioid metabolism.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810: Not recommended. Cytokine DNA Testing, page 709.

**Decision rationale:** Per Guidelines, Cytokine DNA and drug metabolism testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of pain. Regarding molecular testing, MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a genetic component to addictive behavior, current research remains experimental in terms of testing, as results are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria's. Translating pharmacogenetics to clinical practice remains challenging as the context of pain, the complexity of the overall subjective nature of pain perception and response to analgesia are numerous and variable and a genetic test to tailor the opiate dosing to provide the optimal analgesia is unlikely. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted

reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines non-recommendation. The Retrospective request: [REDACTED] drug metabolism, comprehensive with Date of service 12/29/2014 is not medically necessary and appropriate.