

Case Number:	CM14-0120894		
Date Assigned:	09/16/2014	Date of Injury:	06/27/2007
Decision Date:	10/15/2014	UR Denial Date:	07/27/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old claimant had a date of injury on 6/27/2007. The mechanism of injury was described as something falling on his right hand causing a crushing injury. In a progress noted dated 6/9/2014, subjective findings included constant, burning pain in the right thumb area which radiates up his arm into his shoulder and occasionally into the neck. On a physical exam dated 6/9/2014, the injured worker was noted to be on Percocet, Ambien, Celexa, Prilosec, and Voltaren gel. The diagnostic impression is listed as neuralgia, neuritis, and radiculitis, as well as other pain disorder - related psychological factors. Treatment to date has included medication therapy, behavioral modification, and biofeedback. A UR decision dated 7/27/2014 denied the request for a genetic metabolism test, stating that studies are inconsistent, with inadequate statistics and a large phenotype range, and different studies were used with different criteria for definition of controls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism 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 (ODG) - TWC Pain

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

Decision rationale: MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse 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. In the reports viewed, there was no clear rationale provided regarding the medical necessity of this test. Therefore, the request for a genetic metabolism test is not medically necessary.