

Case Number:	CM14-0121452		
Date Assigned:	09/16/2014	Date of Injury:	04/22/2005
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient had a date of injury on 4/22/2005. The mechanism of injury was not noted. In a progress note dated 7/17/2014, subjective findings included low back pain and joint pain. He is functional due to the benefit from the medications and the injections. On a physical exam dated 7/17/2014, the patient is taking Norco, Celebrex, and Prilosec. There are no abnormalities on the neurological exam. The diagnostic impression shows lumbar spondylosis, lumbosacral spondylosis without myelopathy, knee/lower leg pain, cervicalgia. Treatment to date: medication therapy, behavioral modification A UR decision dated 7/25/2014 denied the request for 1 Proove biosciences genetic drug metabolism test, stating that guidelines do not support genetic metabolism testing due to inconsistent studies and inadequate statistics. Without guideline support, proceeding with genetic drug metabolism testing would not be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Proove biosciences genetic drug 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: Genetic testing for potential opioid abuse.

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. The 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. Furthermore, in a progress report dated 7/30/2014, there was no clear rationale regarding the medical necessity of genetic drug testing. Therefore, the request for 1 Proove biosciences genetic drug metabolism test is not medically necessary.