

Case Number:	CM14-0122402		
Date Assigned:	09/16/2014	Date of Injury:	09/17/2013
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine 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:

The injured worker is a 53 year old male whose reported date of injury was 09/17/2013. He had low back pain with limited range of motion, paraspinal muscle spasm and tenderness. There was a positive straight leg raising test and positive Kemp's punch test on the right. The patient was on topical treatments including gabapentin, tramadol and cyclobenzaprine, dextromethorphan and amitriptyline. He was taking systemic tramadol, pantoprazole and naproxen. The request was for Proove Proprietary cytochrome P450 genetic polymorphism analyses for anticipating the effects of opiates to avoid unnecessary prescriptions and optimizing doses and types of opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Proove Drug Metabolism Laboratory Test, evaluate genetic predisposition to drug metabolism: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Genetic testing for potential opioid abuse.

Decision rationale: "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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012) Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration." The guideline rationale is documented above verbatim. Although there are several genetic loci where alleles and polymorphisms can potentially affect metabolism of opiates, the ability to predict the risk of misuse is very limited and the science has not been translated into routine clinical use. There is no authoritative or respected guideline that recommends using this strategy for management of patients in contemporary clinical pain management practice. Therefore, the request is not medically necessary per ODG.