

Case Number:	CM14-0122528		
Date Assigned:	09/16/2014	Date of Injury:	03/18/2009
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
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 Occupational 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 patient is a 48-year-old female, who has submitted a claim for lumbar sprain and strain associated with an industrial injury date of March 18, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. Physical examination of the lumbar spine revealed tenderness on both sides at L3-S1. There were also palpable twitch positive trigger points noted in the lumbar paraspinal muscles. Anterior lumbar flexion causes pain. Extension of the lumbar spine was noted to be 10 degrees. Pain was noted on lumbar extension. MRI of the lumbar spine without contrast done on February 26, 2014 showed, s/p lumbar fusion at L4-L5. Laminectomy decompresses the spinal canal adequately. There was no significant spinal canal or neural foraminal narrowing. Treatment to date has included medications, chiropractic rehabilitation, surgery and epidural spinal injections. Utilization review from July 23, 2014 denied the request for genetic metabolism test because the test is not needed to safely prescribe opioid and is not supported by guidelines.

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 Pain Chapter, 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 Section, Genetic Testing for Narcotic Dependence

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It 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. In this case, the opioid medications prescribed are oxycontin and Norco. There is no documented indication concerning the necessity of this test. Urine drug screen was previously authorized which may also detect oxycontin and norco levels. The medical necessity cannot be established due to insufficient information. Therefore, the request for genetic metabolism test is not medically necessary.