

Case Number:	CM14-0124856		
Date Assigned:	09/16/2014	Date of Injury:	12/15/1992
Decision Date:	10/21/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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:

The injured worker is a 71-year-old female who reported an injury on 12/15/1992; while caring for patient who was quite overweight (400 pounds) and transporting her back to bed on a Hoyer lift. Apparently the patient was swinging in lift chair and hit the injured worker, which caused her to fall back and injure her back. The injured worker has had 3 prior lumbar surgeries, including fusion and 1 cervical fusion. Diagnoses were radiculopathy, cervical, and failed back syndrome. Physical examination on 07/14/2014 revealed the injured worker was in a wheel chair brought in by the caregiver. The injured worker reported she had been bedridden for 4 months. It was also reported that she had been nonambulatory for 1.5 years. The injured worker does have a Foley catheter. The injured worker had multiple compression fractures from a fall when her legs gave out on her. The injured worker was asking for an increase in medications again. The provider told her she was already on a large dose of daily medication. The injured worker reported the pain as a 6/10. Examination of the lumbar spine revealed lengthy vertebral scar. Medications were Dilaudid 8 mg 1 tablet 3 times a day, Lidoderm 5% patch, Opana ER 20 mg 1 tablet twice a day. Treatment plan was for genetic drug metabolism test. The rationale and Request for Authorization were not submitted.

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

MAXIMUS guideline: The Expert Reviewer 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

Decision rationale: The decision for Genetic Metabolism Test is not medically necessary. The Official Disability Guidelines state genetic testing for potential opioid 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for a clearer understanding of their role in different populations. 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 evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial in the benefits of genetic testing prior to oxycodone therapy. The clinical information submitted for review does not provide evidence to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Genetic Opioid Risk 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

MAXIMUS guideline: The Expert Reviewer 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

Decision rationale: The decision for Genetic Opioid Risk Test is not medically necessary. The Official Disability Guidelines state genetic testing for potential opioid 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for a clearer understanding of their role in different populations. 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 evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial in the benefits of genetic testing prior to

oxycodone therapy. The clinical information submitted for review does not provide evidence to justify the use outside of current guidelines. Therefore, this request is not medically necessary.