

Case Number:	CM14-0126360		
Date Assigned:	09/05/2014	Date of Injury:	12/03/2013
Decision Date:	10/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 patient is a 24 year old female with a left knee injury on 12/3/13. Since then she had an MRI which showed a possible anterior cruciate ligament (ACL) tear and had multiple negative joint aspirations. She was also seen by a rheumatologist who did an extensive work up which proved to be negative. Also a venous duplex scan was negative for deep vein thrombosis (DVT). Home exercise program and physical therapy (PT) sessions had been undertaken and she was on Motrin for pain control. Her L knee was noted to have a negative Lachman test and to show patellar and lateral tenderness. Her diagnosis was L knee sprain and possible ACL tear. Her Orthopedist was reluctant to do a surgical procedure for possible ACL tear until she had improved her ROM with more physical therapy at home. On 6/5/14 she saw a new Orthopedist who stated that pain control was inadequate on current therapy and wanted to start more medication. However, prior to this he wanted to do a ██████ Narcotic risk test in order to identify genetic risk factors for narcotic abuse, tolerance, and dependence. However, the UR committee rejected this.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ **Narcotic Testing:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://learn.genetics.utah.edu>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> no evidence was noted in the MTUS nor in other referenced material

Decision rationale: ■■■■ Narcotic testing is a genetic test to screen for genetic testing for susceptibility to addiction to medication. There is no literature easily referenced to discuss this testing and the MTUS does not discuss this. It must be assumed that the field of genetic testing in this area is in its formative stage and cannot be relied upon as a basis for treatment. Therefore, the UR committee was justified in denying this testing. More traditional means of monitoring for drug dependency should be relied upon. This should include close office follow up, monitoring of symptoms of dependency, and maintaining contact with family to assure an adequate support structure