MAXIMUS Federal Services

Case Number:	CM14-0129019		
Date Assigned:	09/18/2014	Date of Injury:	01/05/1996
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 52-year-old male who was injured on 1/5/1996. He was diagnosed with internal derangement of the knee and lumbago. He was treated with surgery (lumbar laminectomy), opioids (including intrathecal sufentanil), and clonidine (for hyperhidrosis related to opioids). On 7/9/2014, the worker was seen by his treating physician for a follow-up complaining of his chronic low back pain, right knee pain, and right shoulder pain. The worker requested an increase in his pain medication in his pump and increase his oral pain medication (hydrocodone). However, he was instructed to be weaning down on his oral opioids previous to that appointment. The worker reported no history of depression, anxiety, suicidal ideation, or psychosis. He was then recommended to continue to wean down on his hydrocodone, continue his sufentanil at 450.4 mcg per day (no change), test his genetics for opiate metabolism, have a urine drug screening test, and follow-up in one month for a pump refill and re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Genetic testing: 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 section, Genetic testing for potential opioid abuse

Decision rationale: The MTUS Guidelines are silent regarding genetic testing for potential opioid abuse. The ODG, however, states that this testing is not recommended. The research is currently experimental and studies are inconsistent. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Also, other variations in response to opioids depend on other factors besides genetics, such as pain modality, potential for repeated noxious stimuli, the opioid prescribed, and the route of administration, making predicting an overall response to opioids challenging, even if genetic testing is used. In the case of this worker, genetic testing was recommended to help manage the worker's medication dosing, however, according to guidelines, this is generally not helpful or recommended. Therefore, the genetic testing is not medically necessary.