

Case Number:	CM14-0131748		
Date Assigned:	08/20/2014	Date of Injury:	01/15/2007
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This 48 year old patient had a date of injury on 1/15/2007. The mechanism of injury was not noted. In a progress noted dated 6/5/2014, subjective findings included low back pain which is constant, but managed better. He has been relatively stable with anxiety and depression. On a physical exam dated 6/5/2014, objective findings included no significant changes noted in the patient's physical examination in this follow up visit. Diagnostic impression shows chronic lower back pain, disc protrusion at L4-5 with right radiculopathy, depression, gastritis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/30/2014 denied the request for pharmacogenomic testing for medication therapy management, stating that there is no consistent evidence to support the use of this type of testing and the current treatment guidelines indicate the use of such testing is currently not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pharmacogenomic Testing for Medication Therapy Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Genetic testing.

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

Decision rationale: MTUS does not address this issue. ODG does not recommend genetic testing for potential opioid abuse. While there appears to be 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. In the reports viewed, and in the latest progress report dated 6/5/2014, there was no discussion of medical necessity of this request, as guidelines do not support its use. Therefore, the request for pharmacogenomic testing for medication therapy management is not medically necessary.