

Case Number:	CM14-0137412		
Date Assigned:	09/05/2014	Date of Injury:	06/26/2001
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This is a 46 year old female with a 6/26/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/23/14 noted subjective complaints of neck and low back pain. Objective findings included grossly normal motor strength, patient is alert and oriented. Diagnostic Impression: cervical radiculopathy. Treatment to Date: medication management A UR decision dated 8/8/14 denied the request for genetic metabolism test. It also denied genetic opioid risk test. There is no evidence of abuse, diversion, hoarding or impairment. There is no documentation that the claimant is at risk for medication misuse.

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 (ODG)

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

Decision rationale: CA MTUS does not specifically address this issue. ODG 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. Studies are inconsistent, with inadequate statistics and large phenotype range. Furthermore, there is no documentation of clinical concern for drug abuse, misuse, or adverse effects. Therefore, the request for genetic metabolism test was 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 (ODG)

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

Decision rationale: CA MTUS does not specifically address this issue. ODG 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. Studies are inconsistent, with inadequate statistics and large phenotype range. Furthermore, there is no documentation of clinical concern for drug abuse, misuse, or adverse effects. Therefore, the request for genetic opioid risk test was not medically necessary.