

Case Number:	CM14-0140660		
Date Assigned:	09/10/2014	Date of Injury:	01/29/2001
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 female patient with a date of injury of January 29, 2001. A utilization review determination dated August 1, 2014 recommends non-certification of genetic metabolism test quantity of one. A progress note dated July 17, 2014 identifies subjective complaints of low back pain and lower extremity pain, continued management of pain with current medication regimen, the patient denies any adverse effects from the medication since the last visit, and the patient participates in daily activities within her limits. The patient reports the least the patient's pain level is a 5/10, and the patient's current payroll is a 7/10. The patient reports that her pain has increased and she describes her pain and aching and constant. Current medications include Flexeril 10 mg three times a day, Sertraline 50 mg once a day, Colace 100 mg twice a day, Effexor XR 75 mg once a day, Flector patch 2 patches every 12 hours, Lyrica 50 mg three times a day, Miralax 17 g as needed, Norco 10/325 mg three times a day, Prevacid 30 mg once a day, and Skelaxin 800 mg 1/2 tab twice a day. Physical examination identifies tenderness of the lower lumbar, range of motion of lumbar spine slightly limited, decreased strength of left lower extremity, and decreased muscle mass of left thigh. Diagnoses include fibromyalgia/myositis, other chronic pain, lumbar spine pain, and cervical radiculopathy. The treatment plan recommends a genetic drug metabolism test. A urine drug screen collected on December 13, 2013 identifies finding of hydrocodone consistent with prescription of Norco and there is also a positive THC finding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism Test QTY: 1.00: 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) updated 10/14/2013

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, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse

Decision rationale: Regarding a request for genetic metabolism test quantity of 1, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested genetic metabolism test quantity of 1 is not medically necessary.