

Case Number:	CM14-0141883		
Date Assigned:	09/18/2014	Date of Injury:	12/16/1997
Decision Date:	12/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The application for independent medical review was for a narcotic risk profile times two date of service June 21, 2012 and August 24, 2012. The application for independent medical review was signed on September 2, 2014. As of June 21, 2012, the claimant had low back and leg pain radiating to both lower extremities with burning pain. The claimant reported pain in the upper back with swelling. There was still pain in the upper extremities and the patient had been using ice and heat which was helpful. The claimant's legs burned more intensely despite medicines. The claimant was having some numbness and tingling in the left fourth and fifth digits. OxyContin decreases the pain and increases the function. The claimant states that the pain is tolerable with the current regimen. Baclofen decreases the frequency and intensity of the muscle spasm. Neurontin reduces the intensity of neuropathic leg pain and Motrin helps with the inflammation. The claimant complains of left trapezius pain returning and it is affecting sleep as well as hip pain. Examination showed positive sciatic notch tenderness and decreased sensation of the bilateral lower extremities. The urine drug screen was consistent. The DNA test was ordered to determine the claimant's medication metabolism and tolerance to aid in medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Narcotic Risk Profile x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

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 Opiate and Metabolism Testing.

Decision rationale: The MTUS is silent on DNA genetic testing. The ODG notes that genetic testing for potential opioid abuse, or metabolism testing as requested here, 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. (Levrant, 2012). I do not support a test of unverified efficacy for the injured worker population, and not for this claimant. The request for is not medically necessary.