

Case Number:	CM14-0147722		
Date Assigned:	09/29/2014	Date of Injury:	03/08/2000
Decision Date:	10/31/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 injured worker is a 53-year-old male with a reported date of injury on 03/08/2000. His diagnoses were noted to include failed back syndrome to the lumbar region, lumbar spondylosis, and lumbosacral spondylosis without myelopathy. His previous treatments were noted to include medications. The progress note dated 07/24/2014, revealed complaints of pain to the low back. The injured worker indicated he managed his pain with the medication regiment and that he had a medical marijuana card and used it occasionally. The injured worker indicated that he did not mix medications and had denied any adverse effects. The fiscal examination revealed normal motor strength, normal sensation, and normal deep tendon reflexes. There was tenderness noted to the lower lumbar with limited range of motion. Straight leg raise was negative and the range of motion to the lumbar spine was slightly limited. The Request for Authorization form dated 07/24/2014 was for a genetic opioid risk test to evaluate the genetic predisposition in drug metabolizing enzymes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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): Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic Testing for Potential Opioid Abuse.

Decision rationale: The injured worker has been utilizing opioids since at least 01/2014. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. 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. Different studies use different criteria for a definition of controls. More work is needed to verify the role of variance suggested to be associated with addiction and for clearer understanding of their role in different populations. The guidelines do not recommend genetic testing for potential opioid abuse and there is a lack of documentation regarding the injured worker being at high risk to warrant a test. Therefore, the request is not medically necessary.