

Case Number:	CM14-0160079		
Date Assigned:	10/03/2014	Date of Injury:	03/20/2007
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal 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 patient is a 32 year old female who was injured on 03/20/2007 from a motor vehicle accident sustaining injuries to her head and lower back. Prior treatment history has included Norco, Ibuprofen, Skelaxin, and analgesic cream; chiropractic treatment and physical therapy. The patient underwent lumbar spine discectomies at L4-L5 in 2007. Progress report dated 08/20/2014 indicates the patient still reported problems with her low back but noted her medications have been helping her. Objective findings on exam revealed diffuse tenderness of her low back but had limited, full range of motion. She is diagnosed with lower extremity radiculitis. She was recommended for a DNA pharmacogenetic test for potential opioid abuse. Prior utilization review dated 09/05/2014 states the request for DNA/Pharmacogenetics test is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Pharmacogenetics 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 04/10/2014

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 opioids use

Decision rationale: The current guidelines do not recommend genetic metabolic testing for patients on chronic opioid therapy. The data has not shown there is a benefit to testing in managing patients on opioid therapy. The clinical documents did not adequately justify the genetic testing outside of current guidelines. The ordering practitioner did not sufficiently discuss how the results of genetic testing would alter management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.