

<b>Case Number:</b>	CM14-0161199		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/07/2000
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 65 year old male with a date of injury on 1/7/2000. Subjective complaints are of mild to moderate right hip pain. A physical exam shows a waddling gait, decreased knee and ankle reflexes bilaterally and tenderness to palpation over the lateral thigh and right greater trochanter. The patient was diagnosed with iliotibial band syndrome. The request is for DNA/pharmacogenetic testing.

### 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), 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

**Decision rationale:** The CA MTUS Guidelines are silent on Genetic testing. The ODG does not recommend Genetic testing for potential opioid abuse. While there is a genetic component to addictive behavior, current research remains experimental in this area. Studies are inconsistent,

with inadequate statistics and large phenotype range. Using these evidenced based guidelines, and the lack of documentation supporting the need for testing, the medical necessity of genetic testing is not established.