

Case Number:	CM14-0180400		
Date Assigned:	11/05/2014	Date of Injury:	05/26/2007
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Patient is a 40 year-old male with date of injury 05/26/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/28/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and facet joints. Trigger point tenderness with muscle twitch, tight muscle band, and pain radiating past the area of compression. Range of motion was restricted due to pain. Diagnosis: 1. Chronic pain syndrome 2. Neck pain 3. Cervical radiculopathy 4. Lower back pain 5. Lumbar/thoracic radiculopathy 6. Post laminectomy syndrome, cervical. Patient currently takes Norco 10/325mg, Tramadol 50mg, Gabaentin 300mg, and Protonix 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Risk Genetic Profile: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. The requested Narcotic Risk Genetic Profile is not medically necessary.