

<b>Case Number:</b>	CM14-0028429		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/14/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 patient is a 40 year old female who reported an injury to her left knee and low back. The patient fell on her knee several times in the course of her work related activities. The clinical note dated 01/20/14 indicated the patient previously utilizing narcotic analgesics, physical therapy inclusion into a pain management clinic and epidural steroid injections and surgery. The patient underwent pain pump implantation with subsequent explantation approximately 10 months later. The patient rated her pain 8-10/10. The patient utilized Vicodin, Soma, and Norco. The patient demonstrated range of motion deficits throughout the lumbar spine. Exam of the left knee revealed tenderness over the medial joint line with range of motion limitations. The patient underwent urine drug screen which revealed positive findings for morphine, hydrocodone, methadone, tetrahydrocannabinol (THC), and 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP). The patient was prescribed Xanax and oxycodone. The urine drug screen was identified as not being concordant with prescribed medications. The patient was educated as to the proper use of prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMOCOGENIC TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** The MTUS does not address pharmacogenetic testing. The treating physician has not provided sufficient indications or medical evidence to support the "PGT". Presumably the PGT is what is described in the cited guideline as "genetic testing for potential opioid abuse". According to the Official Disability Guidelines, this testing is "Not recommended" as there is a lack of medical evidence to support it. Based on the urine drug screen results in this case, there is ample evidence of opioid abuse without doing any further testing. As the treating physician has not provided any details regarding this request, and guidelines do not support it, the test is not medically necessary.