

Case Number:	CM14-0089256		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2002
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

This 65- year old male has has an accepted claim for cumulative trauma, with a date of injury of 9/27/02. Current diagnoses include degenerative disc disease of the thoracic and lumbar spine, and generalized musculoskeletal pain. An intrathecal pain pump was implanted on 11/24/08. The pump has been refilled monthly ever since. There are multiple progress notes in the record, ranging from 9/5/12 to 7/15/14. All of the notes state that patient is pleased with his clinical response to intrathecal therapy. The patient's pain level is always documented as moderate, with some variation in a numeric pain score. Function is not addressed except to state that the patient remains actively engaged in his woodworking hobby. Some of the notes document that "there is rescue pain", which is invariably addressed by increasing the daily dose of the medications that his pump delivers. During the period from 12/31/13 to 6/10/14, the dose of both intrathecal fentanyl and clonidine has increased by about 20%. The 5/13/14 progress note again states that the patient is very pleased with his current clinical response, and adds that there is rescue pain that will be addressed. His pain level is noted to be moderate, but mildly increased over the previous visit (a total score of 30 as opposed to 27 on 4/9/14). Documented examination findings include limited back range of motion and normal mentation. His intrathecal fentanyl and clonidine were increased. A request for genetic testing was made, with the stated rationale that it would be used to help identify the enzymes the patient's body uses to metabolize the opiates ordered and to better guide opiate selection to manage the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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 molecular procedure in question in this case is genetic testing for opioid use. Per the ODG chapter cited above, genetic testing for potential opioid abuse is not recommended. 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 definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli; the opioid prescribed, and even its route of administration. Although the clinical findings include a gradual increase in this patient's Fentanyl dosage, the reference cited above makes it clear that genetic testing is not likely to result in clear evidence that would prompt a change in medication or dosage. The reference also makes it clear that genetic testing is unlikely to allow tailoring of morphine doses to provide optimal analgesia. Since a variety of polymorphisms clearly influence pain perception and behavior in response to pain, it appears that it is also unlikely that this testing would provide data which could be used to change Fentanyl dosing, or to show that any other opioid is likely to prove superior to it. Based on the evidence-based reference cited above and the clinical findings in this case, a molecular pathology procedure (genetic testing for opioid use) is not medically indicated because it is extremely unlikely to result in clear data which prompt a change in this patient's medication or dosage. Therefore the request is not medically necessary.