

<b>Case Number:</b>	CM14-0094286		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/01/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 48-year-old female with a reported date of injury on 05/01/1999. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical radiculopathy, muscle spasm, and cervicgia. Her previous treatments were noted to include medications, chiropractic care, and trigger point injections. The progress note dated 05/15/2014 revealed the injured worker woke up with a pain level of 7/10 and reported some days she would wake up with spasms and her neck was "on fire" and at that point her medications were of little help. The injured worker indicated she needed 2 Percocet instead of 1 four times a day and the Soma normally kept the spasms in check, but during an exacerbation it was less effective. The injured worker indicated the regimen of Percocet, Soma, and Lidoderm usually bring her pain down by a substantial amount anywhere from 50% to 70%. The injured worker indicated her pain is exacerbated with housework and cooking and she was only able to accomplish 1 chore per day. If she vacuumed the floors for example, she had to lie down or recline to rest. The physical examination of the cervical spine revealed a palpable twitch; positive trigger point noted in the muscles of the head and neck, specifically. The motor strength was grossly normal and the upper extremity strength was intact, as well as sensation. The request for authorization form dated 05/15/2014 was for a genetic metabolism test to evaluate genetic predisposition in drug metabolizing enzymes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Genetic Metabolism 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, 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 for potential opioid abuse.

**Decision rationale:** The injured worker complains of pain and muscle spasms and utilizes Percocet, Soma, and Lidoderm. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. The guidelines state 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 clear understanding of the role in different populations. The guidelines do not recommend genetic testing for potential opiate abuse and therefore, a genetic metabolism test is not appropriate. As such, the request is not medically necessary.