

<b>Case Number:</b>	CM14-0097209		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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:

There were 78 pages provided for review. The application for independent medical review was dated June 25, 2014. It was for a genetic metabolism test, genetic opiate test. Per the records provided the claimant complaints of pain in the neck, wrist and hand. The medicines included Vicodin, sumatriptan, simvastatin, Terazosin, Cymbalta, allopurinol, 10%, Neurontin, tramadol extended release, and MiraLAX. The medicines reportedly take the edge off of the claimant's pain and overall function and the essential activities of daily living. There was a July 16, 2014 note from [REDACTED]. She returned for follow-up after vestibular testing. She has a clear sensorineural hearing loss. She will need physical therapy. The doctor also ordered a CT to rule out superior canal dehiscence. There was a note from [REDACTED] from January 31, 2014. She had neck pain, headaches and left hand pain. The medicines take the edge off of his pain. A month prior he began to have been exacerbation of the headaches. He reportedly has a history of chronic regional pain syndrome in the left upper extremity. The TENS provide some relief as well as the medicine which takes away about 60% of the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG-TWC): Pain Procedure Summary (last updated 05/15/2014); Levran, 2012; Vuilleumier, 2012.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain section, genetic opiate and metabolism testing.

**Decision rationale:** The ODG notes that genetic testing for potential opioid abuse, or metabolism testing as requested here, 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. (Levrán, 2012). I do not support a test of unverified efficacy for the injured worker population, and not for this claimant. The test is appropriately non certified.

**Genetic Opioid 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-TWC): Pain Procedure Summary (last updated 05/15/2014); Levrán, 2012; Vuilleumier, 2012.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain section, Genetic and metabolism testing.

**Decision rationale:** As shared previously, the ODG notes that genetic testing for potential opioid abuse, or metabolism testing 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. (Levrán, 2012). I do not support a test of unverified efficacy for the injured worker population, and not for this claimant. The test is appropriately non certified.