

<b>Case Number:</b>	CM14-0097509		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Illinois. 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 69-year-old male who reported an injury due to continuous trauma on 10/07/2004. On 05/27/2014, his diagnoses included shoulder impingement and shoulder disorder unspecified. His medications included Celebrex 200 mg, Lipitor 20 mg, Nexium of unknown dosage, Nucynta 75 mg, and Triamterene-hctz 37.5/25 mg. His medications remain unchanged from a report dated 10/21/2013. The rationale for the requested genetic testing was to help identify the enzymes that this injured worker used to metabolize the opioids he was taking and thus better guide the treatment team in the opiate selection to manage his pain. No urine drug screens were submitted with the documentation. A progress note did state that he was not exhibiting any aberrant drug related behavior or any significant side effect profile to the currently prescribed opioid therapy. It further stated that his analgesic response was acceptable and appropriate. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Molecular pathology/genetic testing:** 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) <http://www.odg-twc.com/odgtwc/painr.htm>.

**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 request for Molecular pathology/genetic testing is not medically necessary. Per the Official Disability Guidelines, 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 a large phenotype range. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioid response are candidate genes in the context of opioid analgesia. There have been no randomized clinical trials on the benefits of genetic testing prior to opioid therapy. The response to analgesics also differs on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. Additionally, the request did not specify what the testing was to have been for. The need for genetic testing was not clearly demonstrated. Therefore, this request for Molecular pathology/genetic testing is not medically necessary.