MAXIMUS Federal Services

Case Number:	CM14-0097637		
Date Assigned:	07/25/2014	Date of Injury:	07/28/2007
Decision Date:	09/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 45 year old male who was injured on 09/01/2011. The mechanism of injury is unknown. Prior treatment history has included trigger point injections with up to 40-50% reduction in symptoms. Prior medication history included Simvastatin, aspirin, Lisinopril, Lidoderm 5%, methadone, Norco, Ultram, and Clonidine. The pain management note dated 05/12/2014 states the patient presented with complaints of back pain. On exam, the lumbar spine is mildly stiff with tenderness over the L3-S1 region. He has pain over the lumbar intervertebral spaces on palpation. There is pain with lumbar extension and lumbar flexion. Motor strength is normal. He has a diagnosis of lumbar spondylosis and radiculopathy due to work related injury. The patient is recommended for follow-up. He will be monitored for compliance by means of controlled substance utilization review and evaluation system and urine drug screen. Prior utilization review dated 05/14/2014 states the request for genetic opioid risk test and genetic metabolism test is denied as there is no evidence to support the request.

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 - Pain Chapter - Cytokine DNA Testing.

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.

Decision rationale: The guidelines do not recommend genetic metabolism testing. Reviews of the current literature have not shown such testing to be beneficial or alter management in the care of chronic pain patients. The medical records did not clearly discuss with supported data why such genetic testing was being pursued. It is not clear how such testing would alter the management of the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Genetic Opioid Risk 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.painmedicinenews.com/download/genetictesting_pmn0413_wm.pdf.

Decision rationale: The guidelines do not recommend genetic testing to assess for opioid risk. Reviews of the current literature have not shown such testing to be beneficial or alter management in the care of chronic pain patients. The medical records did not clearly discuss with supported data why such genetic testing was being pursued. It is not clear how such testing would alter the management of the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.