

<b>Case Number:</b>	CM14-0098238		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/21/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 51 year old male who was injured at work on 09/21/2001. During a 06/3/2014 visit to the doctor, the injured worker complained of pain in low back and the right knee. Physical examination is positive for limited range of motion of the lumbar spine, palpable tenderness of lumbar spine, low back incisional scar, and diminished sensations in the L4-L5, L5-S1 dermatome, pulling and guarded right straight leg but negative on the right. Tenderness was noted in the right hip and piriformis muscle, as well as the right knee. The right shoulder had limited range of motion. He has been diagnosed of Lumbar spondylosis, Radiculopathy, Degenerative Disc disease, Lumbar muscle spasms, Lower Leg/ Knee Degenerative arthritis. Treatment includes Norco, Nortiptyline, and status anterior posterior lumbar fusion on 02/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 - Opioids - Genetic Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 90-91.

**Decision rationale:** The injured worker sustained a work related injury on 09/21/2001. The medical records provided indicate the diagnosis of Lumbar spondylosis, Radiculopathy, Degenerative Disc disease, Lumbar muscle spasms, Lower Leg/ Knee Degenerative arthritis. Treatments have included Norco, Nortriptyline, and status anterior posterior lumbar fusion on 02/12/2013. The medical records provided for review do not indicate a medical necessity for genetic opioid risk test. Although the MTUS recommend opioids, screening for risk of addiction (tests), neither of these guidelines or the ACOEM guidelines recommends. Therefore, this request is not medically necessary.

**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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) < Chronic Pain >, page(s) <Online Edition, <http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=3706&text=Genetic%20drug%20metabolism%20test>>

**Decision rationale:** The injured worker sustained a work related injury on 09/21/2001. The medical records provided indicate the diagnosis of Lumbar spondylosis, Radiculopathy, Degenerative Disc disease, Lumbar muscle spasms, Lower Leg/ Knee Degenerative arthritis. Treatments have included Norco, Nortriptyline, and status anterior posterior lumbar fusion on 02/12/2013. The medical records provided for review do not indicate a medical necessity for genetic metabolism test. Neither the MTUS nor the ACEOM guidelines recommend routine testing for chronic pain. The MTUS states that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Therefore, this request is not medically necessary.