

Case Number:	CM14-0099573		
Date Assigned:	07/28/2014	Date of Injury:	04/11/2012
Decision Date:	09/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Geriatrics and is licensed to practice in New York. 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 58 year old man with a date of injury of 4/11/12. He was seen by his secondary treating physician on 6/5/14 with complaints of worsening back pain. After taking percocet, he was able to do sweeping or light raking for 15 - 20 minutes. His physical exam showed tenderness in the paravertebral muscles of the lumbar spine from L4-S1, left more than right. He had a positive Kemp's sign at L4-5 facets bilaterally. He had limited range of motion of his lumbar spine in all planes. A urine toxicology screen was included showing positive for narotic and muscle relaxant use. His diagnoses were degeneration lumbar disc and lumbar stenosis. At issue in this review is the request for molecular pathology procedure / "genetic testing to help identify enzymes that the patient's body uses to metabolized opiates to better guide opiate selection and manage pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure: 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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: overview of pharmacogenomics.

Decision rationale: Pharmacogenetic testing is available in certain drug classes, and may help doctors understand why individuals respond differently to various drugs to inform therapeutic decisions. There are now FDA guidelines for genetic markers use to guide therapy for a variety of medications including opioids. However, in this injured worker, the records do not indicate that he has had difficulty with opioids with regards to response to therapy or adverse side effects. Therefore the records do not justify the medical necessity for genetic testing / molecular pathology procedure.