

Case Number:	CM14-0099846		
Date Assigned:	09/16/2014	Date of Injury:	03/21/1983
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 54-year-old male with an injury date of 03/21/1983. Based on the 05/27/2014 progress report, the patient complains of having lower back pain and has minimal symptoms into his left lower extremity. The patient rates his pain as a 7/10 and is currently taking Catapres, Diovan HCT, Bystolic, Lipitor, Aspirin, and Prilosec. Upon examination of the cervical spine, the patient has pain noted with extension. The patient also has a positive straight leg raise on the right and palpation of the lumbar facet reveals left-sided pain at the L3-S1. Palpable twitch, positive trigger points are noted in the lumbar paraspinal muscles. Extension of the lumbar spine is noted to be 20 degrees and there is pain noted with lumbar extension. Left lateral flexion also causes pain. He has a slightly diminished sensation, left lower extremity posterior aspect from buttock to knee. There was no listed diagnosis provided. The utilization review determination being challenged is dated 06/10/2014. Treatment reports were provided from 01/08/2013 - 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic drug metabolism test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, genetic testing for potential opioid abuse and DNA testing.

Decision rationale: Based on the 05/27/2014 progress report, the patient complains of having lower back pain and minimal symptoms into his left lower extremity. The request is for a genetic drug metabolism test. ODG Guidelines have the following regarding genetic testing for potential opioid use; "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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Since ODG does not support the use of genetic testing, the request Genetic drug metabolism test is not medically necessary and appropriate.

Genetic narcotic 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 (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, genetic testing for potential opioid abuse and DNA testing.

Decision rationale: Based on the 05/27/2014 progress report, the patient complains of having lower back and minimal symptoms into his left lower extremities. The request is for a genetic narcotic risk test. ODG Guidelines have the following in regards to genetic testing; "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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Due to the lack of support from ODG Guidelines, Genetic narcotic risk test is not medically necessary and appropriate.