

<b>Case Number:</b>	CM14-0170005		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family 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:

This is a 51 years old male patient who sustained an injury on 7/30/2012. The current diagnoses include lumbar sprain and lumbar disc displacement. Per the doctor's note dated 9/16/2014, patient had complaints of low back pain with radiation to the left lower extremity. The physical examination revealed lumbar spine range of motion- extension full and flexion 35 degrees. Per the doctor's note dated 9/5/14, he had complaints of back pain and neck pain. The physical examination revealed a positive straight leg raise at 60 degrees, pain to palpation over the lumbar facets, tenderness topalpatation over the lumbar paraspinal muscles and a palpable twitch with positive trigger points in lumbar paraspinal muscles, ambulated with an antalgic gait, deep tendon reflexes intact, normal motor strength with the exception of 4/5 with dorsiflexion, plantar flexion, EHLand FHL, range of motion- anterior flexion of the lumbar spine to 50 degrees with pain, and lumbar extension with pain. The medications list includes ibuprofen, Advair Diskus, Flonase, and ProAir HRA. He has had lumbar spine MRI dated 2/28/14 which revealed disc protrusion at L1-2, L3-4, L4-5 and L5-S1 with facet hypertrophy causing moderate foraminal narrowing at L5-S1. He has undergone left ankle ligamentous repair in 11/2012, left knee surgery, right shoulder surgery and nasal surgery. He has had physical therapy visits and TENS for this injury.

### 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 (ODG), Treatment Index, 11th Edition (web), 2014 , Pain Genetic testing for potential opioid abuse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain(updated 11/21/14) Genetic testing for potential opioid abuse

**Decision rationale:** ACOEM/CA MTUS do not specifically address this request therefore ODG used. Per the ODG cited below genetic testing 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 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. (Levrn, 2012)." There is no high grade scientific evidence to support the use of genetic metabolism testing. A urine drug test report documenting results that were inconsistent with prescribed medications was not specified in the records provided. Evidence of aberrant drug behavior or history of drug abuse in the past was not specified in the records provided. The medical necessity for the Genetic Metabolism Test is not established for this patient.