

Case Number:	CM14-0210821		
Date Assigned:	12/23/2014	Date of Injury:	03/13/2003
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52-year-old gentleman with a date of injury of 03/13/2003. A treating physician note dated 09/12/2014/2014 identified the mechanism of injury as a fall while operating a machine, resulting in lower back pain. This note indicated the worker was experiencing lower back pain that went into the left leg. The documented examination described decreased motion in the lower back joints and decreased sensation following the paths of the left L5 and S1 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from idiopathic peripheral autonomic neuropathy and an unspecified disorder of the autonomic nervous system. Treatment recommendations included medications, a TENS trial, genetic testing, autonomic nervous system testing, a sleep study, urinary drug screen testing, a home exercise program, and follow up care. A Utilization Review decision was rendered on 12/02/2014 recommending non-certification for DNA testing for narcotic risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DNA testing for narcotic risk: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tantisira K, et al; Overview of pharmacogenomics, Topic 2904, version 32.0, UpToDate, accessed 02/13/2015

Decision rationale: The MTUS Guidelines are silent on this issue. People's bodies can react differently to medications and can experience different complications and negative side effects. Genetics account for some of this variety but is only one of many factors. There is very limited research to support the routine use of genetic testing to determine opioid risk, and there are no standard guidelines on how to apply the results to patient care. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. There was no discussion that described special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for DNA testing for narcotic risk is not medically necessary.