

Case Number:	CM14-0216725		
Date Assigned:	01/06/2015	Date of Injury:	04/29/1996
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 53 year old worker with a date of injury of 04/29/96. The injured worker is being treated for chronic low back pain and chronic knee pain. On 11/25/14, subjectiving findings included pain in the lower back with bending and lifting, and bilateral knee pain with squatting, going up and down steps, and prolonged walking. Current medications include Levoxyl for the thyroid, Coumadin 2-3 mg for a deep vein thrombosis, and Norco for pain. Objective findings include tenderness over superior trapezius and levator scapulae on movement, ileolumbar tenderness on flexion at the waist to knee and on extension and tenderness with full flexion and extension of both knees. MRI of lumbar spine was performed on 08/03 but no results are available. Treatments thus far for the back pain have been medications, ice, heat and rest and previous physical therapy. The IW is being treated by a pain management specialist and receives Norco 5/325, one by mouth every twelve hours for lower back pain, which is used primarily at night. Medication is monitored with each visit using established California prescription-monitoring program (CURES) report, routine urine drug tests, and Blood Toxicity tests to monitor patient specific narcotic levels for "drug over dose" parameters which are compared on every visit with the patient's medication. Per the CURES report the IW is consistent of no medications. On the visit of 11/25/2014, pharmacogenetic testing (PGT) was done to detect variations in enzymes associated with metabolism of medications prescribed in pain management. In a request for authorization (ROA) dated 11/25/2014, the provider requested coverage of the PGT test of lumbar spine, and Norco 5/325 1po q12 prn #60. The provider's rationale for the PGT testing was that a medication regimen tailored to an individual patient can help health care providers

better manage each patient's disorder and improve clinical outcomes. The utilization review on 12/05/2014 determined the request for PGT test was not medically necessary as there was no indication that the IW has any abnormal metabolism of pain medication and wrote that there was no indication that his type of testing would alter the current medication regimen. As California Medical Treatment Utilization Schedule (CA-MTUS) does not address PGT, the ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) were used. Also cited were the websites http://www.uspharmacist.com/continuing_education/ceviewtest/lessonid/105473/, concerning Oxycodone , http://www.worstpills.org/publicpage.fm?op_id=4140n for codeine-related painkillers and <http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/non-responsive-pain-patients-cyp-2d6-defect>. CYP-2D6 Polymorphism and It's Clinical Significance with Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic (PGT) Testing Lumbar Spine: 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 Pain Pharmacogenetic testing, opioid metabolism

Decision rationale: The MTUS is silent on Pharmacogenetic testing, so other guidelines were used. In regards to Pharmacogenetic testing the ODG state it is Not recommended except in a research setting. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. (Vuilleumier, 2012) Genomic variations influencing response to pharmacotherapy of pain are currently under investigation. Although pharmacogenetics as a diagnostic tool has the potential to improve patient therapy, well-designed studies are needed to demonstrate superiority to conventional dosing regimes. (Stamer, 2010) See also Genetic testing for potential opioid abuse; Cytokine DNA testing. As mentioned above, this testing does not have adequate studies to support its use and is not recommended by the ODG. In this case, the medical records fail to document that this medication is failing to work in this patient. As such, the request for Pharmacogenetic testing (PGT) Lumbar Spine is not medically necessary.

