

Case Number:	CM14-0083552		
Date Assigned:	07/21/2014	Date of Injury:	11/09/2007
Decision Date:	07/21/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 11/9/07. He reported a low back injury. The injured worker was diagnosed as having lumbar disc degeneration with severe spinal stenosis, radiculopathy, adjacent segment degeneration about previous L3 to S1 laminectomy and fusion. Treatment to date has included spinal fusion, physical therapy, cane for ambulation, oral medications including opioids and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 3/23/15 revealed postoperative changes from prior lumbar fusion and posterior decompression at L3-5 and L5-S1 with degenerative endplate changes with osteophyte formation and posterior bony spurring with multilevel degenerative disease and facet hypertrophy causing spinal stenosis and neural foraminal stenosis. Currently, the injured worker complains of low back pain with radiation to groin and anterior thigh with numbness and tingling. He notes progressive deterioration. Physical exam noted tenderness in paravertebral muscles of lumbar spine with well-healed lumbar post-surgical incision and hypertonicity present in paravertebral muscles and tenderness at both sciatic notches. The treatment plan included refilling of Methadone, continuation of Senokot, laboratory studies, and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Molecular pathology procedures, genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, page 42.

Decision rationale: There was no mention of indication or specifics for justification of this genetic testing. It is unclear what type of DNA testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking the DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no identified medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of pain. Regarding molecular testing, MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a genetic component to addictive behavior, current research remains experimental in terms of testing, as results are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria. Translating pharmacogenetics to clinical practice remains challenging as the context of pain, the complexity of the overall subjective nature of pain perception and response to analgesia are numerous and variable and a genetic test to tailor the opiate dosing to provide the optimal analgesia is unlikely. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines. The 6 Molecular pathology procedures, genetic testing is not medically necessary and appropriate.