

Case Number:	CM14-0085652		
Date Assigned:	07/23/2014	Date of Injury:	01/02/2002
Decision Date:	06/05/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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, Hawaii
 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 62-year-old male who sustained an industrial injury on 01/02/02. Initial complaints and diagnoses are not available. Treatments to date include an intrathecal pain pump, bilateral knee replacements, two cervical spine surgeries, and medications. Diagnostic studies include nerve conduction studies. Current complaints include low back and neck pain, and tinnitus. Current diagnose includes post laminectomy syndrome, and lumbago. In a progress note dated 03/12/15 the treating provider reports the plan of care as refill of pain puma performed on the day of service, and medications including Lisinopril, Lunesta, Lyrica, Ondansetron, and Percocet, as well as genetic testing to help identify the enzymes used to metabolize the opiates to better guide the opiate selection. The requested treatment is genetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure (genetic testing): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The patient presents with cervical and lumbar pain. The current request is for molecular pathology procedure (genetic testing). The treating physician states, Appeal denial for genetic testing to help identify the enzymes this patient's body uses to metabolize the opiates we order and this better guide us in our opiate selection to manage the patient's pain. The ODG guidelines state that it 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. In this case, the treating physician has requested a procedure that is not recommended but the ODG guidelines. Therefore, the current request is not medically necessary.