

Case Number:	CM15-0014466		
Date Assigned:	02/02/2015	Date of Injury:	06/29/1999
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 47-year-old male who reported an injury on 06/29/1999. The mechanism of injury involved a fall. The current diagnoses include lumbosacral spondylosis, spondylolisthesis, lumbar postlaminectomy syndrome, lumbago, degeneration of cervical discs, thoracic postlaminectomy syndrome, and cervicgia. The injured worker presented on 08/14/2014 with complaints of back and neck pain. It was noted that the injured worker was utilizing an intrathecal pain pump. Upon examination of the lumbar spine, there was 0 degrees extension, 5 degrees left and right lateral flexion, 5 degrees left and right rotation, and 30 degrees flexion. There was decreased sensation to light touch over the anterolateral thighs. The injured worker's intrathecal pain pump was refilled on that date. Recommendations also included genetic testing to identify the enzymes in the injured worker's body used to metabolize opioids. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Pain Chronic, Genetic testing for potential opioid abuse; Pharmacogenetic testing, opioid metabolism

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

Decision rationale: The Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental. Studies are inconsistent with inadequate statistics and a large phenotype range. The medical rationale was not provided within the documentation. Given the above, the request cannot be determined as medically appropriate at this time.