MAXIMUS Federal Services

Case Number:	CM15-0123574		
Date Assigned:	07/08/2015	Date of Injury:	06/13/2009
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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
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 55 year old female, who sustained an industrial injury on 6/13/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee arthropathy, left knee common peroneal neuralgia, thoracic strain, lumbar strain, lumbar facet joint pain and sacroiliac pain. There is no record of a recent diagnostic study. Treatment to date has included left total knee replacement, physical therapy and medication management. In a progress note dated 5/26/2015, the injured worker complains of left knee pain and clicking, cervical pain, thoracic pain and lumbar pain that radiated down to the gluteal regions with muscle spasm. The injured worker rated the pain as 6/10. Physical examination showed cervical and lumbar tenderness, thoracic and lumbar spasm and a tender left knee. Current medications include Norco and Gabapentin. The treating physician is requesting retrospective genetic testing for opioid risk/response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective genetic testing for opioid risk/response: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, page 42. Decision based on Non-MTUS Citation (ODG) Pain Chapter, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810: Not recommended. Cytokine DNA Testing, page 709.

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 criterias. 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 - non-recommendation. The retrospective genetic testing for opioid risk/response is not medically necessary and appropriate.