

<b>Case Number:</b>	CM15-0097292		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 61 year old male, who sustained an industrial injury on 3/13/07. He reported initial complaints of low back pain radiating to the right buttocks and right lower extremity. The injured worker was diagnosed as having postlaminectomy syndrome lumbar; thoracic/lumbosacral neuritis or radiculitis; chronic pain syndrome. Treatment to date has included status post microdiscectomy (2009); spinal cord stimulator implant; lumbar epidural steroid injection; (1/3/09); physical therapy, TENS unit; status post percutaneous electrical nerve stimulator power source placement and percutaneous implantation of a neurostimulator electrode array peripheral nerves (4/1/15); urine drug screening; medications. Diagnostics included MRI lumbar spine with and without contrast (9/23/13). Currently, the PR-2 notes dated 7/3/14 indicated the injured worker complains of pain located in the lumbar region bilaterally. The pain radiates down his posterolateral thigh and leg into the dorsum of the feet. His pain is associated with numbness and tingling and constant through the entire day. The medications prescribed do not work. On a Visual Analog Pain Scale 10 being the worst of pain he rates his pain as an 8. He reports that Restoril does not help him and Xanax has been his only helpful anti-anxiety medications. He also denies benefit from Tramadol ER, reporting suicidal ideations; failed other neuropathic agents such as Gabapentin, Lyrica as well as Desipramine with adverse effect of feeling "dumb" and out of it. He continues to get functional benefit from Norco and denies any adverse effects. He is not working at this time. His urine toxicology performed on this date was positive for opiate and benzo; negative for TCA and illicit substances tested. His physical examination indicated cervical, thoracic and lumbar spinal tenderness with lumbar paraspinal

and facet tenderness at L4-S1. He has positive findings for lumbar facet loading maneuvers. Weakness is noted in the right knee extension and 4/5 strength in the right EHL. Positive straight leg raise on the right. He has failed multiple conservative therapies including physical therapy, NSAID, TENs and various medications trials for greater than 6 months without benefit. He is a status post lumbar laminectomy from 2009. The provider is recommending a neurostimulator at this time. A prior PR-2 note explains the injured worker is using poly pharmacy and not responding to current therapy that is metabolized through the cytochrome P450 system. A one-time analysis of patient's genetic predisposition to drug metabolism of medications is being requested to improve the therapeutic selection, dosing, and evaluation. The provider did not send the PR-2 notes corresponding to this retrospective request or the findings report, however, he is requesting the retrospective Laboratory test to evaluate genetic drug metabolism performed on 4/28/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Laboratory test to evaluate genetic (4/18/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, genetic testing.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective lab tests to evaluate genetics date of service April 18, 2014 is not medically necessary. Genetic testing for potential opiate abuse is not recommended. While there appears to be a strong genetic compound to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and a large phenotype range. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; thoracic or lumbosacral neuritis/radiculitis unspecified; chronic pain syndrome; and low back pain. The earliest progress note in the medical record is July 3, 2014. The retrospective date for the service is April 18, 2014. The April 18, 2014 progress note documentation is not contained in the medical record available for review. Genetic testing for potential opiate abuse is not recommended. There is no clinical indication or rationale for retrospective lab testing to evaluate genetics in the record. Consequently, absent clinical documentation with the date of service April 18, 2014, a clinical indication and rationale for genetic lab testing and guideline non-recommendations for genetic testing, retrospective lab tests to evaluate genetics date of service April 18, 2014 is not medically necessary.