

Case Number:	CM13-0052453		
Date Assigned:	12/27/2013	Date of Injury:	10/15/1999
Decision Date:	05/21/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old male with a 10/15/99 date of injury. At the time (11/8/13) of the Determination for CYP drug sensitivity test, there is documentation of subjective (bilateral knee pain) and objective (pain on right inguinal/abdominal area) findings, current diagnoses (cervical spine spondylosis without myelopathy, lumbosacral spin spondylosis without myelopathy, and knee internal derangement), and treatment to date (not specified). There is no documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP DRUG SENSITIVITY TEST: 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, Genetic Testing for Potential Opioid Abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated (such as: to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect) to support the medical necessity of CYP testing. Within the medical information available for review, there is documentation of diagnoses of cervical spine spondylosis without myelopathy, lumbosacral spin spondylosis without myelopathy, and knee internal derangement. However, there is no documentation of subjective/objective findings for which genetic cytochrome testing for opiate metabolic defect is indicated (such as: to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect). Therefore, based on guidelines and a review of the evidence, the request for CYP drug sensitivity test is not medically necessary.