

Case Number:	CM14-0102447		
Date Assigned:	07/30/2014	Date of Injury:	05/10/1999
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Ohio and Texas. 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:

The injured worker is a 42 year old male who reported an injury on 05/10/1999. He is diagnosed with lumbar radiculopathy. Past treatments included epidural steroid injection on 07/02/2014, a facet rhizotomy, and medications. There were no relevant diagnostic studies or surgeries noted. On 05/28/2014, the injured worker complained of severe low back pain with numbness in the knees and down the anterior leg. He requested to have norco for breakthrough pain to be used when he is off duty. He rated his pain at 9/10 on the pain scale. Upon physical examination, the injured worker was noted to have positive straight leg raise bilaterally. Palpation of the lumbar facet revealed pain on both sides of the L3-S1 region. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles. Lower extremity sensation was noted to be decreased over the bilateral knees and right lower extremity. The pertinent medications were listed as Flector 1.3% patch, Vicodin 5-500 mg, Toprol 50 mg, and Clonidine 0.1 mg patch. The treatment plan was to order a drug metabolism laboratory test, narcotic risk laboratory test, and medication refills. The rationale for the request is not clearly provided. The request for authorization form was signed and submitted on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Genetic drug metabolism 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, (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for one genetic drug metabolism test is not medically necessary. The California MTUS Guidelines recommend using a drug screen to assess for the use or the presence of illegal drugs. More specifically, the Official Disability Guidelines state the 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 in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. The injured worker is noted to be on opioids and drug testing is recommended to monitor compliance. However, according to the guidelines, this testing is specifically not recommended. Therefore, the request is not medically necessary.

1 Genetic narcotic risk 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for one genetic narcotic risk test is not medically necessary. The California MTUS Guidelines recommend using a drug screen to assess for the use or the presence of illegal drugs. More specifically, the Official Disability Guidelines state the 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 in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. The injured worker is noted to be on opioids and drug testing is recommended to monitor compliance. However, according to the guidelines, this testing is specifically not recommended. Therefore, the request is not medically necessary.