

<b>Case Number:</b>	CM14-0148702		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal 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:

The patient is a 57 year old male who was injured on 02/09/2013. The mechanism of injury is unknown. Toxicology report dated 06/06/2014 revealed positive detection of opiates and anti-depressants. The medications that were indicated were Norco, hydrocodone and Flexeril. Pain management note dated 07/25/2014 documented the patient to have complaints of neck pain with radiation to the lower extremity. He is taking Norco 10/325 mg and cyclobenzaprine 10 mg. On exam, the cervical spine revealed tenderness and pain when neck is flexed anteriorly and on extension. The patient has a diagnosis of cervical radiculopathy. The patient has been recommended for genetic drug metabolism testing. Prior utilization review dated 08/15/2014 states the request for Genetic Metabolism Test is denied as there is a lack of documented clinical information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic 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 Genetic Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.iversongenetics.com/dme-genotype.html>

**Decision rationale:** The current guidelines do not recommend genetic metabolic testing for patients on chronic opioid therapy. The data has not shown there is a benefit to testing in managing patients on opioid therapy. The clinical documents did not adequately justify the genetic testing outside of current guidelines. The ordering practitioner did not sufficiently discuss how the results of genetic testing would alter management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.