

<b>Case Number:</b>	CM14-0153781		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/28/1995
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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, has a subspecialty in Nephrology 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:

Patient is a 71-year-old male who has submitted a claim for postlaminectomy syndrome, lumbar region, associated with an industrial injury date of 10/28/1995. Medical records from March 2014 to August 2014 were reviewed. Patient complained of multifocal pain following an injury when he was struck by a motor vehicle. He had back surgery with continued low back pain and radiculopathy as well as 2 right shoulder surgeries and right thumb surgery. The patient also has multilevel disc degenerative disease of the cervical spine. He has been having difficulty standing up straight and he cannot walk for prolonged time. The patient underwent microdiscectomy on 3/6/12. The patient continued to have persistent pain in his low back and in his bilateral sacroiliac joint extending to the coccyx. Physical examination of the lumbar spine revealed tenderness on the L3-S1 region. There was also tenderness in the bilateral sacroiliac joint area. The patient appeared to have an antalgic gait. There was pain upon anterior lumbar flexion and extension. Examination of the hip and sacroiliac joints revealed positive Patrick's Test and Gaellen's Test bilaterally. Treatment to date has included Miralax, Lopressor, Nucynta, Cymbalta, Doc-Q-Lace, Lidoderm patch, Seroquel, Zantac, Lyrica, Ryzolt, and physical therapy. Utilization review from August 22, 2014 denied the request for Genetic Opioid Risk Test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic Opioid 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

**Decision rationale:** Page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, ODG states that 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. In this case, the physician requested for this test because he thinks that the medications affects each patient differently due to (genetic) variations. However, the guidelines do not recommend this type of testing. There is no compelling rationale concerning need for variance from the guidelines. Therefore, the request for Genetic Opioid Risk test is not medically necessary.