

Case Number:	CM14-0155850		
Date Assigned:	09/25/2014	Date of Injury:	12/02/1992
Decision Date:	11/04/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery, 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:

58 year old male claimant with an industrial injury dated 12/02/92. Exam note 08/11/14 states the patient returns with neck, low back, left knee and leg pain. The patient is status post 6 prior surgeries of the lumbosacral spine, and she now suffers from chronic lumbar postlaminectomy syndrome. The patient has undergone a high-dose opioid therapy, and a therapeutic trial of spinal cord stimulation in which did not improve his condition. The patient currently rates the pain a 4-9/10, and describes the pain as aching and constant. Current medications include Tropicium, thyroid, Vivelle, dispense, progesterone, testosterone, Armour thyroid, Flector, Neurontin, Sanctura, Soma, and Topamax. Upon physical exam there was palpation of the lumbar facet in which reveals pain along both sides of the L3-S1 region. The patient has a normal gait and a flexion of 40' but caused pain. Extension of the lumbar spine is 10' but caused pain as well. The patient experienced some discomfort when switching from a seated position to standing. Diagnosis is noted as chronic multifocal spine pain syndrome. Treatment includes a continuation of medications and acupuncture for the neck and paraspinal musculature.

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, Pain (Chronic): 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 Pain Chronic, Genetic testing

Decision rationale: CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. Per the ODG, Pain (Chronic) section, genetic testing for potential opioid abuse is not recommended. Guidelines report that these tests are experimental and studies are inconsistent with inadequate statistics and large phenotype range. As guidelines above do not recommend genetic testing for opioid abuse the determination is not medically necessary.