

Case Number:	CM13-0013595		
Date Assigned:	06/25/2014	Date of Injury:	12/16/2010
Decision Date:	07/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

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:

The injured worker is a male with date of injury of 12/16/10. Per the primary treating physician's progress report dated 6/24/13, the injured worker complains of pain in the left shoulder. On exam of his left shoulder, there is decreased range of motion on abduction. He has positive impingement syndrome. He is constantly guarding the left shoulder. It is tender to palpation over the subacromioclavicular region. He has decreased extension range of motion as well as flexion range of motion. Examination reveals no tenderness to palpation over the infraspinatus, supraspinatus, teres minor, subscapularis, coracobrachialis, and biceps tendon over the right shoulder. Diagnoses include pain in the left shoulder joint, left shoulder impingement syndrome, and status post left shoulder rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DEOXYRIBONUCLEIC ACID (DNA) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The requesting physician reports that DNA testing is desired to determine the injured worker's genetic risk of narcotic abuse, tolerance and dependence to improve outcomes and contain or avoid costs from unnecessary high dose narcotic usage. The MTUS guidelines do not address the use of DNA testing to determine genetic risk of narcotic abuse. The Official Disability Guidelines do not recommend this testing, even though, as the requesting provider has stated, there appears to be a strong genetic component to addictive behavior. Current research is experimental in terms of testing for potential opioid abuse. Studies have been inconsistent, and the various studies have used different criteria for defining controls. The response to analgesics also differs depending on the pain modality, the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. As such, the request is not medically necessary.