

Case Number:	CM13-0018446		
Date Assigned:	10/11/2013	Date of Injury:	12/01/1990
Decision Date:	04/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injury was reported on December 01, 1990. The mechanism of injury was not provided in the medical records. The clinical note for August 20, 2013 states that the patient is status post L4-5 and L5-S1 interbody fusion. The patient had a pain pump that had to be removed secondary to an infection. The patient reports that his pain has not changed since his previous visit on July 23, 2013. The pain is constant achy back pain and left lower limb pain and the back is the worst pain that rates a 3-6/10 on medication; worse with activity and better with rest and that it interferes with his sleep. Medications listed are Fentanyl, Norco and Restoril, Metoprolol, Flomax, Lovastatin, Protonix. The patient reported that he had been on the Norco for 20 years. On the examination, it is noted that the patient had a loss of sagittal and coronal balance. Drug testing was done and was positive for Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOGENETIC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayoclinic.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, CYTOKINE DNA TESTING

Decision rationale: The Official Disability Guidelines state that Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain including chronic pain. The documentation provided noted that the doctor talked to the patient to try to wean off the opioid medications. The documentation failed to provide objection reasoning for the results for testing and due to the lack of documentation for the cytokine testing the request is non-certified.