

Case Number:	CM13-0023699		
Date Assigned:	11/15/2013	Date of Injury:	04/06/1992
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 59 year old male who sustained a work related injury on April 06, 1992 when he fell and hit his head and lower back while lifting a tire. His diagnoses include lumbago, lumbar sprain and strain, myofascial syndrome, chronic pain-related insomnia, and chronic-pain related sexual dysfunction. Treatment for his condition has included medical therapy with nonsteroidal anti-inflammatory medications, Vicodin, and topical compounds, physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic therapies and evaluation by pain management. On exam he continues with low back pain with radiation to the left leg. He has decreased range of motion in the lumbar region with flexion at 50 degrees, extension at 20 degrees, right lateral bending at 25 degrees, and left lateral bending at 20 degrees. He was noted to have a large trigger point elicited at the T10 spinal level. The treating provider has requested a one-time saliva DNA test to assess the claimant's predisposition, if any, to prescription narcotic addiction, dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) saliva DNA test between August 30, 2013 and October 14, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97. Decision based on Non-MTUS Citation Other Medical Evidence: Medscape Internal Medicine: Saliva DNA testing 2012.

Decision rationale: There is no indication for the requested one-time saliva DNA test. Per Medscape Internal Medicine, that while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of the use of the saliva DNA test. Studies to date have been inconsistent, with inadequate statistics and large phenotype range. The documentation indicates the claimant has been maintained on Vicodin therapy in the past. There is no indication that he took any other opioid medication and there is no documentation of any concerns regarding his use of the prescribed medication. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no specific documentation indicating the need for saliva DNA testing. Testing to date is not considered standard of care for the treatment of chronic pain. The Medical necessity for the requested service has not been established. The requested service is not medically necessary.