

<b>Case Number:</b>	CM13-0033844		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/14/1999
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 71-year-old male who reported an injury on December 14, 1999. The mechanism of injury was noted to be a fall from a ladder. The patient's diagnoses were noted to include joint pain, leg, difficulty walking, and mechanical complication prosthesis. The patient had a left total knee replacement. The patient's medications were noted to include Allegra, Carbamazepine, Celebrex, doxazosin, hydrocodone/acetaminophen, oxycodone/acetaminophen, Prilosec, and Warfarin. The patient indicated he had moderate to severe pain that was excruciating. The physician recommended CYP enzyme testing to try and find out if the patient was a poor metabolizer, rapid metabolizer, or normal metabolizer and how they would impact the patient's Coumadin level. The DNA testing was requested to determine how the patient would react to medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYP enzyme testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine Testing

**Decision rationale:** Official Disability Guidelines indicate that cytokine DNA testing is not recommended as there is no evidence to support the use of DNA testing for the diagnosis of pain including chronic pain. The clinical documentation submitted for review indicated the request was to check the drug-drug interaction. However, there is no current evidence to support the use of cytokine DNA testing in chronic pain. The request for CYP enzyme testing is not medically necessary or appropriate.

**DNA drug sensitivity testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Official Disability Guidelines indicate that DNA drug sensitivity testing is not recommended as there is no evidence to support the use of DNA testing for the diagnosis of pain including chronic pain. The clinical documentation submitted for review indicated the request was to check requested to determine how the patient would react to medications. However, there is no current evidence to support the use of DNA drug sensitivity testing in chronic pain. The request for DNA drug sensitivity testing is not medically necessary or appropriate.