

Case Number:	CM13-0037726		
Date Assigned:	02/26/2014	Date of Injury:	04/16/2012
Decision Date:	04/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, foot pain, anxiety, depression, sleep disturbance, and hypertension reportedly associated with an industrial injury of April 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; epidural steroid injection therapy; extensive periods of time off of work; and topical compound. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for Proove drug metabolic testing. The claims administrator cited MTUS Guidelines on opioid addiction which did not seemingly touch on the requested service. The applicant's attorney subsequently appealed. In a case manage note of July 7, 2013, the applicant's nurse case manager states that the applicant is off of work, on total temporary disability. In a progress note of April 9, 2013, handwritten, the attending provider also states that the applicant is off of work, on total temporary disability. It appears that the applicant underwent the genetic/metabolic testing in question on May 21, 2013, the results of which have not been clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROOVE DRUG METABOLISM TEST (DOS: 05/21/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYTOKINE DNA TESTING FOR PAIN Page(s): 42.

Decision rationale: The metabolic test appears to represent some form of DNA or genetic testing, based on the limited description of the services provided. However, as noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is "not recommended," as there is no evidence on file which would support usage of DNA testing for the diagnosis of pain, including the chronic pain reportedly present here. In this case, the attending provider has not furnished any compelling rationale, narrative, commentary, or progress note which would offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on Independent Medical Review.