

Case Number:	CM14-0004585		
Date Assigned:	02/05/2014	Date of Injury:	11/13/2012
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 injured worker is a 55 year old male with an injury reported on 11/13/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/30/2014, reported the injured worker complained of neck pain. Within the provided documentation there were no imaging available for the injured worker's cervical spine. The physical examination was negative for any significant abnormalities. The injured worker's prescribed medication list included naproxen 500 mg and cyclobenzaprine 10 mg. The injured worker's diagnoses included cervical spine strain, lumbar spine strain, knee-unspecified. The request for authorization was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP-450 DRUG SENSITIVITY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Pain Chapter, Cytokine DNA Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rebsamen MC, ET AL (2009), The Amplichip CYP450 Test: Cytochrome P450 2D6 Genotype Assessment and Phenotype Prediction Pharmacogenomics Journal, Volume 1, Pages 34-41.

Decision rationale: The injured worker's complained of neck pain. It was noted that the injured worker's prescribed medication list included naproxen 500 mg and cyclobenzaprine 10 mg. The cytochrome P-450 test is a genotyping test to assist in speeding up identification of medications that are more likely to be better processed by the injured worker's body, and are generally used only when initial antidepressant treatments are not successful. In a study authored by Rebsamen et al it was noted polymorphisms of the cytochrome P450 2D6 (CYP2D6) gene affecting enzyme activity are involved in interindividual variability in drug efficiency/toxicity. Four phenotypic groups are found in the general population: ultra rapid (UM), extensive (EM), intermediate (IM) and poor (PM) metabolizers. The AmpliChip CYP450 test is the first genotyping array allowing simultaneous analysis of 33 CYP2D6 alleles. Although a low sensitivity of UM prediction by genotyping was observed, phenotype prediction was optimal for PM and satisfying for EM and IM. The injured worker's medications included naproxen and cyclobenzaprine; it is unclear which medications will be tested for sensitivity. There is a lack of clinical information provided to indicate the specific rationale for the cytochrome P-450 test. Thus the request is not medically necessary.