

<b>Case Number:</b>	CM14-0104367		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/25/1997
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 56 year old female with a reported date of injury on 11/25/1997. She was seen by the orthopedic surgeon on 4/18/2014. The patient reported no new complaints such as pain, swelling, numbness or tingling. There was a mild amount of expected edema over the knee and mild tenderness over the ilio-tibial band. Neurovascularly she was intact. Vital signs were normal, including a normal weight. Her medications were noted to be Lidoderm, Xanax, Flexeril, OxyContin, Doc Q Lace, Ultram and Lyrica but the list was not updated it appeared, since many medications had been recorded as far back as June 2013. Physical therapy note was reviewed from March 2014 noting limited range of motion with ongoing knee and ilio-tibial band tenderness. The stated functional disabilities included inability to ambulate for more than 30 minutes without pain and inability to negotiate turns. It was noted that the patient was status post total knee revision surgery in September 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Genetic Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association for Clinical Chemistry

**Decision rationale:** According to the American Association for Clinical Chemistry, most medications do not currently require genetic testing or pharmacogenetic testing and it is certainly not standard of care to perform this testing for Cyclobenzaprine, Tetrabenazine and Citalopram. Warfarin does have a valid test for pharmacogenomics but the patient is not on Coumadin and it is unclear why the test was ordered for the patient. Therefore, the request is not medically necessary.