

Case Number:	CM14-0012346		
Date Assigned:	02/21/2014	Date of Injury:	07/04/2011
Decision Date:	07/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 07/04/2011. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 11/05/2013, the injured worker reported back pain, left leg pain, and right leg burning. He noted the location of the back pain was in the lumbosacral area. The injured worker rated his pain 2/10 to 5/10, which he noted was overall better. He noted pain is worsened with activity and better with rest. The injured worker noted prolonged sitting causes right leg burning. Upon the physical exam, the provider noted positive vertebral stenosis. The provider also noted a positive straight leg raise on the left. The diagnoses included lumbosacral degenerative disc disease. The injured worker is status post a left L5-S1 discectomy dated 10/25/2012. The provider recommended the injured worker to continue using only NSAIDs. The clinical documentation submitted is largely illegible. The injured worker underwent a urine drug screen on 11/05/2013, which was negative. The provider requested for advanced DNA medicated kit, and a CYP450 lab panel test, including CYP2C19, CYP2D6, and CYP2C9.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADVANCED DNA MEDICATED KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines note an advanced DNA medicated kit, a form of a topical analgesic, is largely experimental in use with few randomized control trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. The MTUS Chronic Pain Guidelines recommend topical analgesics for short-term use of 4-12 weeks. There is a lack of documentation indicating the injured worker is diagnosed with neuropathic pain or diabetic neuropathy. The request submitted is for a buccal topical swab indicated for irritated or inflamed mucous membranes of the mouth and pharynx. There is lack of objective findings indicating the necessity of the request. Additionally, the injured worker had been utilizing the medication since 11/2013, which exceeds the MTUS Chronic Pain Guidelines' recommendation for short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary and appropriate.

CYP450 LAB PANEL TEST INCLUDING CYP2C19, CYP2D6 AND CYP2C9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mayo Clinic, Cytochrome P450 test, online database, <http://www.mayoclinic.org/tests-procedures/cyp450-test/basics/definition/PRC-20013543?p=1>.

Decision rationale: The Mayo Clinic notes cytochrome P450 tests determine how your body metabolizes a medication. It contains numerous P450 enzymes to process medications. There is a lack of documentation within the medical records provided for review indicating the injured worker to be on prescribed medication warranting the necessity of the requested test. Additionally, the provider did not document a history or risk of complications of drug to drug interactions. Therefore, the request is not medically necessary and appropriate.