MAXIMUS Federal Services

Case Number:	CM14-0016360		
Date Assigned:	02/21/2014	Date of Injury:	07/17/2013
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 patient is a 52-year-old male who has filed a claim for cervical stenosis associated with an industrial injury date of July 17, 2013. Review of progress notes indicates worsening of neck pain, right arm pain, and bilateral hand numbness and tingling. Patient reports shaking of the hand. Findings include decreased motor strength of the right biceps, triceps, and wrist extensors; decreased sensation over the right C6-7 distribution; decreased right upper extremity reflexes; positive Spurling's test on the right; decreased cervical range of motion; and positive Tinel's in bilateral ulnar grooves. MRI of the cervical spine dated June 21, 2013 showed multilevel degenerative disc disease and bilateral foraminal stenosis at C5-6 and C6-7. Treatment to date has included Non-Steroid Anti-Inflammatory Drugs (NSAIDs), gabapentin, opioids, and physical therapy. Utilization review from January 14, 2014 denied the requests for CYP450, CYP2C19, and CYP2D6 as there was no evidence to support the use of cytokine DNA testing for the diagnosis of pain; advanced DNA medicated kit as there is no guideline recommendation regarding this; and urine drug screen as there was no documentation of concerns regarding illicit drug use or non-compliance with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab-CYP450: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cytokine DNA Testing for Pain and ODG, Genetic testing for potential opioid abuse.

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 DNA testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that cytokine DNA testing for the diagnosis of pain is not recommended, as there is no current evidence to support this procedure. There is no indication regarding the necessity for this procedure in the course of the patient's treatment. The patient presents with findings consistent with cervical radiculopathy, which can be diagnosed by another method. Therefore, the request for CYP450 was not medically necessary.

Lab- CYP2C19: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cytokine DNA Testing for Pain and ODG, Genetic testing for potential opioid abuse.

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 DNA testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that cytokine DNA testing for the diagnosis of pain is not recommended, as there is no current evidence to support this procedure. There is no indication regarding the necessity for this procedure in the course of the patient's treatment. The patient presents with findings consistent with cervical radiculopathy, which can be diagnosed by another method. Therefore, the request for CYP2C19 was not medically necessary.

Lab-CYP2D6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cytokine DNA Testing for Pain and ODG, Genetic testing for potential opioid abuse.

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 DNA testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, ODG was used instead. ODG states that cytokine DNA testing for the diagnosis of pain is not recommended, as there is no current evidence to support this procedure. There is no indication regarding the necessity for this procedure in the course of the patient's treatment. The patient presents with findings consistent with cervical radiculopathy, which can be diagnosed by another method. Therefore, the request for CYP2D6 was not medically necessary.

Advanced DNA medicated kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. This patient has had previous urine drug screens in October and November 2013, the reports of which were not submitted. Progress notes indicate that the results were negative. Also, there is no indication to suspect aberrant drug use behavior or medication non-compliance. Therefore, the request for urine drug screen was not medically necessary.