

Case Number:	CM14-0116320		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2011
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 Maryland. 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 employee was a 57 year old female who sustained an industrial injury on 07/12/11. She had a direct blow to the left knee on steering column while working as a bus driver. Her history was significant for left knee arthroscopic partial medial and lateral meniscectomies. She had initially improved and had started working. She had to stop working in Sept 2013 due to worsening pain in left knee after which she started water therapy. Her visit notes from 01/06/14 was reviewed. She had reported left knee pain, worse with cold wet weather. Her medications included Prilosec, Flector patch, Vicodin 5/500 mg every 6 hours, Anaprox DS 550mg twice daily, Ultram 50mg every 6 hours and Norco 10-325mg twice daily. On examination, she was noted to have less swelling, crepitation and minimal limping with walking in the left knee. Diagnosis included knee ternal derangement. The plan was a trial return to work on 16th January 2014. She was again seen by the treating provder on June 30, 2014. Subjective symptoms included left knee being stable and would be able to work except for other work related injuries. Knee imaging was reported to show osteoarthritis. Diagnosis was knee internal derangement. A request was submitted for CYP 450 drug sensitivity testing to reduce the likelihood of serious complications due to gene to drug and or drug to drug interactions and plan for appropriate dosing of medication. She was advised to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cytochrome P450 (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 The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines; Work loss data institute. llc; Corpus christi, TX; section:pain (Chronic) (updated 06/10/2014).

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:Tennant F, Making Practical Sense of Cytochrome P450. Prac Pain Manag. May 2010Clinical Policy Bulletin, Pharmacogenetic and Pharmacodynamic testing, Aetna.

Decision rationale: The employee was being treated for knee pain and derangement due to an industrial injury. She was on Vicodin and Norco per the visit notes. A request was sent for cytochrome P450 drug sensitivity testing. According to above articles, practitioners who prescribe opioids should screen for genetic opioid metabolic defect using history and questionnaires. Until CYP-3A4 becomes widely available as a commercial test, CYP450 enzyme testing is not recommended in usual clinical practice. In addition no published guidelines yet exist for generalized testing of the CYP system outside of certain populations like specific cancers, patients requiring anticoagulation and HIV patients). In addition due to the high cost of analyzing blood for genetic abnormalities, routine blood testing is not a practical clinical tool at this time. Also the second clinical policy guideline from Aetna notes that genotyping for other cytochrome P450 polymorphisms (linked to reduced/enhanced effects or side effects of opioid analgesics) experimental and investigational because the clinical value of this type of genetic testing has not been established.