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| Case Number: | CM14-0118972 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/28/2007 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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:

Patient is an injured worker with the diagnoses of internal derangement of knee, spine lumbosacral spondylosis and shoulder impingement. Date of injury was 08/28/07. Progress report dated 03/13/14 indicates that the claimant's symptoms are stable. Current medications are Anaprox, Tramadol, Prilosec, Norco, Ibuprofen, and Ambien. Range of motion of the right shoulder is 80 percent normal with reduction in abduction and internal rotation. Treatment plan recommendations were Anaprox, Tramadol, Prilosec, and Norco 10/325 every 4-6 hours. Progress report dated 06/18/14 indicates that the claimant's symptoms are stable. Rotator cuff tear is identified and osteoarthritis is present. Treatment plan recommendations included Ibuprofen, Tramadol, Prilosec, and Norco 10/325 every 4-6 hours, physical therapy, NCV/EMG test, MRI, and urine toxicology. Utilization review dated 07/02/14 recommended non-certification of the request for CYP-450 drug sensitivity test.

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 AAFP article by David B. Matcher, MD, Duke Center for Clinical Health Policy Research, Duke University Medical Center, Durham, North Carolina; Mugdha Thakur, MD, Department of Psychiatry and Behavioral Sciences, Duke

University Medical Center, Durham, North Carolina; American Family Physician. 2007 Aug 1; 76 (3): 348-351. last updated 08/01/2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical treatment utilization schedule (MTUS) does not address Cytochrome p450 testing. Official Disability Guidelines (ODG) Pain (Chronic) Cytochrome P450 testing, Cytokine DNA testing, Genetic testing for potential opioid abuse.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Cytochrome P450 testing. Official Disability Guidelines (ODG) states that Cytochrome P450 testing is not recommended. Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Cytochrome P450 testing is not recommended. The patient is an injured worker with the diagnoses of internal derangement of knee, spine lumbosacral spondylosis, shoulder impingement. Medications included Ibuprofen, Tramadol, Prilosec, and Norco 10/325 every 4-6 hour. Progress report dated 06-18-2014 documented that the patient's symptoms were stable. No problems with medication regimen were noted. CYP 450 testing was requested. Official Disability Guidelines (ODG) states that Cytochrome P450 testing is not recommended. Therefore, this request for is not medically necessary.