

Case Number:	CM14-0146408		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2013
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work-related injury occurring on 06/14/13 while working as a dishwasher and standing on a countertop. He stepped into a sink and lost his balance and fell striking his left knee and then falling to the floor with injuries to the head, shoulder, hip, and back. He had head, back and left leg pain. Treatments included acupuncture, trigger point injections, physical therapy, and medications. He was provided with a left knee brace and underwent arthroscopic surgery on 12/15/13. He had postoperative physical therapy and improved. On 08/11/14 he was having headaches, left shoulder pain, radiating left sided back pain, and left knee pain. Medications were hydrocodone two times per day and medication for his diabetes and hypertension. Physical examination findings included decreased cervical spine range of motion with left cervical muscle tenderness with spasm. He had increased shoulder range of motion bilaterally with positive impingement testing and tenderness. He had an antalgic gait. There was decreased lumbar spine range of motion with positive straight leg raising and positive Figure 4 testing. There was left knee medial joint line tenderness. Authorization for physical therapy with modalities, including TENS, was requested. A B12 injection was administered. Omeprazole 20 mg #60, Zanaflex 4 mg #60, and Naprosyn 550 mg #60 were prescribed. A DNA test kit was requested.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for headaches, left shoulder pain, radiating left sided back pain, and left knee pain. Medications include hydrocodone. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. Therefore, the requested DNA kit is not medically necessary per ODG.