

Case Number:	CM14-0152720		
Date Assigned:	09/22/2014	Date of Injury:	12/02/1992
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 10/02/1992. The injured worker was sliding a glass table across the room and the table legs collapsed; as the table fell, she grabbed it in an effort to stop it from crashing to the floor, which caused a sharp yank in her low back. She sustained immediately low back pain. The injured worker's treatment history included chiropractic treatment, ice packs, interferential modalities and massage, lumbar spinal fusion, physical therapy, spinal cord stimulator, pool therapy, and MRI studies. Progress report dated 07/10/2014 stated that the injured worker briefly failed high dose opioid therapy and was detoxified. The injured worker was evaluated on 08/11/2014 and it was documented the injured worker complained of increased headaches on an almost daily basis. Objective findings were not demonstrated. The injured worker's diagnoses included chronic multifocal spine pain syndrome, status post work related injury, status post spine surgeries, general osteoarthritis involving multiple sites, and failed lumbar back syndrome. Medications included tiroprium 20 mg, flector 1.3% transdermal patches, Topamax 100 mg, Soma 350 mg, Sanctura 20 mg, Neurontin 300 mg, and Armour Thyroid 600 mg. Examination of the lumbar spine revealed palpation of the lumbar facet revealed pain on both sides at the L3-S1 region. The injured worker's gait appeared to be normal. Anterior flexion of the lumbar spine was noted to be 40 degrees; anterior lumbar flexion caused pain. Extension of the lumbar spine was noted to be 10 degrees. There was pain noted with lumbar extension. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Cytokine DNA Testing for pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The documents submitted failed to indicate the injured worker injured worker long term functional goal of pain medication management other than requesting a DNA testing over other readily available methods for risk stratifying the injured worker. The request for 1 genetic opioid risk test is not medically necessary.