

<b>Case Number:</b>	CM14-0153577		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 02/27/2014. The injury was reported to have occurred when the injured worker was lifting a patient, and the patient fell on him. The diagnoses included cervical sprain/strain, lumbar sprain/strain, radiculitis, myofasciitis, lumbar retrolisthesis, and multilevel level degenerative joint disease. The past treatments included shockwave therapy, acupuncture, physical therapy, and medications. An MRI, dated 05/16/2014, revealed degenerative changes and loss of disc height at L4-S1, with grade 1 retrolisthesis of L4 on L5 and L5 on S1, and loss of lumbar lordosis. An EMG/NCV, dated 05/21/2014, was noted to be normal. The progress note dated 09/09/2014, noted the injured worker complained of neck pain rated 6/10 and severe low back pain rated 8/10 to 9/10. The physical exam noted pain with cervical range of motion, positive foraminal compression, positive Jackson compression bilaterally, tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital musculature bilaterally. Pain was also noted with lumbosacral spine range of motion with tenderness to palpation, positive Kemp's, Bechtrew's, Ely's, and iliac compression bilaterally. Medications were not listed. The treatment plan recommended continuing pain management, chiropractic/physiotherapy, shockwave therapy, orthopedic surgery consult and psychosocial evaluation, continue home stretching, and exercise program. Provided was Synovacin and Dendracin for topical use and joint health. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA pain medicine management panel with DNA medication collection kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, 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, Cytochrome p450 testing.

**Decision rationale:** The request for DNA pain medicine management panel with DNA medication collection kit is not medically necessary. The injured worker had constant cervical and lumbar pain. Medications were not documented. The Official Disability Guidelines (ODG) state cytochrome page 450 testing is not recommended. Scientific research on genetic testing is rapidly evolving. An individual's response to a specific drug and dosage can be affected by a myriad of factors, including underlying disease, overall clinical condition, other medications, foods, and mental status. As such, the choice of medication and dose cannot be solely based on the results of the DNA pain medicine profile. Based on the guidelines, this request is not medically necessary.