

Case Number:	CM14-0154787		
Date Assigned:	09/24/2014	Date of Injury:	03/31/2011
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

46y/o male injured worker with date of injury 3/31/11 with related foot pain. Per progress report dated 8/6/14, the injured worker rated his pain 5/10, and reported that it referred to the buttocks, bilaterally to the hips and posterior leg. Per physical exam, tandem walking was impaired, walking on toes and heels was impaired. Examination of the lumbosacral spine documented moderate tenderness over the right and left flank and medial low back. Sensation was diminished. The pain was described as burning. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Pharmacogenetics Test: Upheld

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

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

Decision rationale: The MTUS is silent on DNA pharmacogenetics testing. In the documentation submitted for review, the primary treating physician states: The data from

pharmacokinetic genotyping (PGx testing) allows physicians to fine-tune drug dosage to insure optimal efficacy and greatest safety without time-consuming and potentially dangerous trial-and-error dosing. This will result in fewer patient visits, prompt determination of the most appropriate dose and dosing schedule and minimizes the risk of adverse drug reactions and minimizes the time spent narrowing down the most appropriate drug and dosing schedule. Per MTUS with regard to Cytokine DNA testing for pain: "Not recommended. 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."The documentation submitted for review does not establish medical necessity for the request.