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| Case Number: | CM14-0156888 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 04/28/2010 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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:

The patient is an injured worker with the diagnoses of lumbar sprain and strain and left shoulder rotator cuff tear. The patient was injured on 4/28/2010 while he was lifting a machine and felt a strong pain in the lower back. Diagnoses were lumbar sprain and strain and left shoulder rotator cuff tear. The history included for a prior left shoulder injury due to a fall which necessitated a left shoulder arthroscopy, debridement of rotator cuff tear, resection of coracoacromial ligament, bursectomy, synovectomy, and anterior acromionectomy on 3/21/1996. Left shoulder MRI magnetic resonance imaging was performed on 10/8/1996. A bone scan of the shoulders on 10/15/1998 showed normal findings. Left shoulder MR magnetic resonance arthrogram performed on 10/13/2000 showed postoperative changes, full thickness supraspinus tear, bony hypertrophy of the acromioclavicular joint, and intact labrum and biceps tendon. Lumbar x-rays on 5/10/10 showed mild degenerative changes with acute fracture, dislocation, or malalignment. He is noted to have received multiple L4-5 transforaminal and interlaminar epidural steroid injections. The latest transforaminal epidural steroid injection on 1/9/12 provided good relief. Lumbar magnetic resonance imaging performed on 3/7/12 by showed a disc protrusion at L4-5 with effacement of the bilateral L5 transiting nerve roots and causing bilateral neuroforaminal narrowing that effaces the exiting bilateral L4 nerve roots. Treatments received included physical therapy, chiropractic treatment, and interferential unit. On 7/29/14, the patient presented for a follow-up evaluation after receiving an epidural steroid injection with good relief. A left shoulder MRI (undated) was reviewed on this visit and revealed a full thickness tear with evidence of hardware over the humeral head. A lumbar magnetic resonance imaging revealed a disc herniation at L3-4 through L5-S1. Current medications include Zanaflex, Ambien, Tylenol #4, and Terocin patches. Urine drug screen performed on 7/29/14 detected cis-Tramadol and was otherwise negative. Utilization review determination date was September 08, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) DNA (Pharmacogenomics) 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 (ODG), Pain Chapter, DNA Testing

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) Cytochrome P450 testing Cytokine DNA testing Genetic testing for potential opioid abuse

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address DNA pharmacogenomics testing. Official Disability Guidelines (ODG) state 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. Genetic testing for potential opioid abuse is not recommended. Official Disability Guidelines (ODG) do not recommend genetic testing for potential opioid abuse. The request for a DNA pharmacogenomics test is not supported by ODG Official Disability Guidelines. Therefore, the request for 1 DNA (Pharmacogenomics) Test is not medically necessary.