

Case Number:	CM14-0164435		
Date Assigned:	10/09/2014	Date of Injury:	04/28/2013
Decision Date:	11/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 55-year-old female with a 4/28/13 date of injury. At the time (7/24/14) of request for authorization for CYP - 450 Drug Sensitivity Test QTY: 1, there is documentation of subjective (bilateral hand pain) and objective (bilateral hand tenderness to palpation and swelling with limited motion of the carpometacarpophalangeal (CMC) joint) findings. The current diagnoses include pain in joint, hand; and knee osteoarthritis. The treatment to date includes physical modalities and medications. Medical report identifies a request for CYP-450 drug sensitivity test to reduce the likelihood of serious complications due to gene-to-drug and/or drug-to-drug interactions and plan for appropriate dosing of medication. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which CYP - 450 Drug Sensitivity testing is indicated (to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP - 450 Drug Sensitivity Test QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Cytokine DNA testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>

Decision rationale: The MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which drug sensitivity testing is indicated (such as: to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect) to support the medical necessity of genetic metabolism testing. Within the medical information available for review, there is documentation of diagnoses of pain in joint, hand; and knee osteoarthritis. In addition, there is documentation of a request for CYP-450 drug sensitivity test to reduce the likelihood of serious complications due to gene-to-drug and/or drug-to-drug interactions and plan for appropriate dosing of medication. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which CYP - 450 Drug Sensitivity testing is indicated (to screen for defects only if there is historical evidence and/or abnormal opioid blood levels that suggest the presence of a defect). Therefore, based on guidelines and a review of the evidence, the request for CYP - 450 Drug Sensitivity Test QTY: 1 is not medically necessary.