

Case Number:	CM14-0167029		
Date Assigned:	10/14/2014	Date of Injury:	04/08/2003
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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:

This patient sustained an injury on 4/8/2003 while employed by [REDACTED]. Request(s) under consideration include Drug Sensitivity Test. Diagnoses include neck sprain/strain; Rotator cuff syndrome; Carpal tunnel syndrome; tendinitis/ synovitis/ tenosynovitis; trigger finger. Neurology AME report of 12/13/04 noted patient had diagnosis of CTS secondary to cumulative trauma. It was noted the patient was a surgical candidate for release; however, if declined, then she should be made P&S. Report of 1/22/14 from the provider noted the patient with ongoing stiffness in both hands that flares up with cold weather. It was noted clarification was still pending regarding compensable body parts. No clinical exam was documented. Recommendations included continued use of orthosis and medications; surgery was recommended and CYP-450 testing "to reduce the likelihood of serious complications due to gene-to-drug and/or drug-to-drug interactions and to plan for appropriate dose of mediation." Report of 8/27/14 from the provider noted that a recent QME was done. The patient had unchanged clinical symptoms and presentation along with settlement on compensability/future medical care clarification was pending. Again, no clinical exam was documented with unchanged diagnoses and recommendations. The requests for Drug Sensitivity Test were denied on 9/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Sensitivity 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, Drug Sensitivity Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA Testing, page 709: Not recommended.

Decision rationale: There was no mention of indication or specifics for justification of this CYP-450 testing. It is unclear what type of DNA testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no such medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The Drug Sensitivity Test is not medically necessary.