

Case Number:	CM14-0168555		
Date Assigned:	10/16/2014	Date of Injury:	11/14/2012
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 10/15/14 while employed by [REDACTED]. Request(s) under consideration include comprehensive molecular diagnostic test. Diagnoses include neck sprain and strain; rotator cuff sprain and strain; and shoulder region affected. Report of 7/29/14 from the provider noted the patient with neck, left shoulder and left arm pain. Exam findings had tenderness, limited range, and decreased muscle strength. Treatment was for molecular diagnostic test. Report of 9/23/14 noted the patient with mostly localized neck pain that sometimes radiates to the left upper extremity. X-rays of the left shoulder and MRI of the cervical spine were reviewed. Exam showed cervical spine with tightness, spasm, no tenderness of processes with positive foramina compression and Spurling's testing; left shoulder with decreased range; subacromial clicking and grinding and tenderness at supraspinatus and infraspinatus on left with positive left impingement testing. Treatment included PT, medication refills of Ultram, Anaprox, Prilosec, and Zanaflex with patient returning to full duty. The request(s) for comprehensive molecular diagnostic test was non-certified on 8/22/14 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:

COMPREHENSIVE MOLECULAR DIAGNOSTIC TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAFP ATRICLE

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, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810: Not recommended. Cytokine DNA Testing, page 709

Decision rationale: This patient sustained an injury on 10/15/14 while employed by [REDACTED]. Request(s) under consideration include comprehensive molecular diagnostic test. Diagnoses include neck sprain and strain; rotator cuff sprain and strain; and shoulder region affected. Report of 7/29/14 from the provider noted the patient with neck, left shoulder and left arm pain. Exam findings had tenderness, limited range, and decreased muscle strength. Treatment was for molecular diagnostic test. Report of 9/23/14 noted the patient with mostly localized neck pain that sometimes radiates to the left upper extremity. X-rays of the left shoulder and MRI of the cervical spine were reviewed. Exam showed cervical spine with tightness, spasm, no tenderness of processes with positive foramina compression and Spurling's testing; left shoulder with decreased range; subacromial clicking and grinding and tenderness at supraspinatus and infraspinatus on left with positive left impingement testing. Treatment included PT, medication refills of Ultram, Anaprox, Prilosec, and Zanaflex with patient returning to full duty. The request(s) for comprehensive molecular diagnostic test was non-certified on 8/22/14. There was no mention of indication or specifics for justification of this molecular 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 the 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 pain. Regarding molecular testing, MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criterias. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines' non-recommendation. The comprehensive molecular diagnostic test is not medically necessary and appropriate.