

Case Number:	CM14-0176345		
Date Assigned:	10/29/2014	Date of Injury:	11/25/2009
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 injured worker (IW) is a 60-year-old woman with a date of injury of November 25, 2009. The mechanism of injury is not documented in the medical record. The sustained injury is unspecified in the medical record. Prior treatment have included home treatments (stretching, ice packs, and hot packs), medications, physical therapy, and H-wave with benefits. The IW had left shoulder arthroscopic debridement of labral tear, debridement of partial thickness rotator cuff tear, subacromial decompression with retention of coracoacromial ligament, chondroplasty of glenoid and humeral head; and injection of platelet-rich plasma on November 7, 2011. The IW was taking Cyclobenzaprine. The current medications were Tizanidine and Tramadol ER. Pursuant to the progress note dated August 14, 2014, the IW complains of constant moderate left shoulder, left trapezius and neck pain. On examination, there was decreased range of motion and tenderness of the shoulder. The IW was diagnosed with myoligamentous strain of the cervical spine, myoligamentous strain of the left trapezius musculature, and inflammatory process of the left shoulder. Treatment plan included continuation of Tizanidine and Tramadol ER, continuation of home use of H-wave machine, genetic testing for prescription of drug metabolism to aid in proper dosing and assessment of dependency, tolerance, effectiveness or misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Collection of DNA specimens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181785/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Cytokine DNA testing

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, collection of DNA specimen for cytokine DNA testing for pain is not medically necessary. Cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of this testing for the diagnosis of pain, including chronic pain. Genetic testing for potential opioid abuse is not recommended in the Official Disability Guidelines. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and large phenotype range. In this case, the injured worker is a 60-year-old. Prior treatments included stretching, ice packs, hot packs, medications and H wave stimulation with benefits and physical therapy. The worker underwent arthroscopic debridement of labral tear, debridement of partial thickness rotator cuff tear, subacromial decompression, chondroplasty of glenoid and humeral head, and injection of platelet rich plasma. The worker was taking cyclobenzaprine. Current medications are Tazidine and tramadol. Based on clinical information in the medical record and the peer-reviewed evidence guidelines, cytokine DNA testing is not medically necessary.