MAXIMUS Federal Services

Case Number:	CM14-0177187		
Date Assigned:	10/30/2014	Date of Injury:	05/06/2014
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 is a 61-year-old male who reported an injury on 05/06/2014. The injury reportedly occurred when he was trying to unjam a pallet jack with his foot while trying to pull out the pallet jack. He then jammed his left knee and had immediate onset of pain. He is diagnosed with status post left knee arthroscopy. His past treatments included medications and physical therapy. His diagnostic studies included an MRI of the left knee, performed on 06/10/2014, which was noted to reveal moderate compartmental osteoarthritis and displaced bucket handle tear of the posterior horn of the medial meniscus. On 09/10/2014, the injured worker reported left knee pain rated at 8/10. Upon physical examination of his left knee, he was noted to have a positive McMurray's and drawer test of his left knee. Additionally, he was noted to have decreased range of motion of his left knee. His current medications were noted to include tramadol 37.5/325 mg, flurbiprofen 20%/cyclobenzaprine 4%/lidocaine 5% cream, and capsaicin 0.0375%/menthol 5%/camphor 5%/tramadol 8%/gabapentin 10%/cyclobenzaprine 4% cream. The treatment plan included a urine drug screen, medications, chiropractic treatment, physical therapy, acupuncture treatment, a Request for Authorization for a DNA test, a Request for Authorization for an MRI of the knee, and a knee injection. A request was received for associated surgical service: deoxyribonucleic acid (DNA) medication collection kit, and was requested to determine if the patient may have a mutation in the gene being tested, which has been found to be associated with drug metabolism. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Deoxyribonucleic acid (DNA) medication collection kit: 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, Genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse

Decision rationale: The request for associated surgical service: deoxyribonucleic acid (DNA) medication collection kit is not medically necessary. The Official Disability Guidelines note that genetic testing for opioid addiction is not recommended, as current research is experimental in terms of testing for this, and studies are inconsistent, with inadequate statistics and large phenotype range. There is no evidence that the injured worker has displayed aberrant behavior or is at risk for addiction issues. Additionally, the guidelines do not recommend the use of genetic testing for opioid addiction, as research is experimental, and studies are inconsistent and inadequate. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.