

Case Number:	CM14-0179041		
Date Assigned:	11/03/2014	Date of Injury:	05/02/2002
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain 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 is a 51 year-old female with an original date of injury on 5/25/2002. The mechanism of injury is not provided in the submitted documentation. The industrially related diagnoses are chronic lumbar strain, degenerative disc disease of L5, S1, L3-4, and sciatica in the left S1 distribution. An X-ray of the lumbar spine revealed slight narrowing of the L5-S1 interspace with linear ossification extending from the greater trochanter on each side. Her treatment to date includes Flexeril, Norco, Naproxen, Tramadol, omeprazole, and home exercise program. The disputed issue is the request for a DNA testing. A utilization review dated 10/24/2014 has non-certified this request. The stated rationale for denial was the medical necessity of DNA testing is not established, and the medical record submitted does not discuss the purpose of this genetic test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse

Decision rationale: According to the Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing: Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. (www.cytokineinstitute.com) Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. (Gavin, 2007) (Gillis, 2007) In a research setting, plasma levels of various cytokines may give information on the presence, or even predictive value of inflammatory processes involved in autoimmune diseases such as rheumatoid arthritis. (Kokkonen, 2010) See also Genetic testing for potential opioid abuse. Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for Potential Opioid Abuse: Not recommended. 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012) Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. (Vuilleumier, 2012) See also Cytokine DNA testing. A progress note on 6/13/2014 shows the DNA testing was ordered on this patient, however, there is not documentation on the reasoning for this order, the type of DNA testing. According to the guidelines, DNA testing is not recommended in diagnosis or management of chronic pain. Due to the lack of specificity of the order, the request is not medically necessary.