

Case Number:	CM14-0182925		
Date Assigned:	11/10/2014	Date of Injury:	02/28/2013
Decision Date:	12/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 02/28/2013. The listed diagnoses are: 1. Shoulder sprain/strain. 2. Rotator cuff syndrome. 3. Cervical sprain/strain. 4. Cervical radiculopathy. According to progress 08/25/2014, the patient presents with left shoulder/hand and neck pain. The patient also complains of lack of sleep. Examination of the cervical spine revealed tenderness and spasm noted upon palpation of the cervical spine area and decreased range of motion. Examination of the shoulder revealed tenderness upon palpation of the left shoulder and hand area with decreased range of motion. Examination of the wrist/hand noted tenderness and swelling/edema upon palpation of the right wrist and hand. It is noted that there is pain in all motions. The treater is requesting a DNA Medicated Collection Kit for genetic metabolic test. Utilization review denied the request on 09/25/2014. Treatment reports from 04/23/2014 through 08/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA medicated collection kit for genetic metabolic test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Genetic Screening for defects in Opioid Metabolism: Historical Characteristics and Blood Levels",

<http://www.practicalpainmanagement.com/treatments/pharmacological/opioids/genetic-screening-defects-opioid-metabolism-historical>

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 has the following regarding Genetic Testing for potential opiate abuse

Decision rationale: This patient presents with left shoulder/hand and neck pain. This is a request for DNA Medicated Collection Kit for genetic metabolic test. The MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate 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 largely phenotype range." The requested DNA testing is not medically necessary.