

Case Number:	CM14-0020857		
Date Assigned:	04/30/2014	Date of Injury:	07/10/2013
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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:

This patient is a 49-year-old male with a date of injury of 07/10/2013. Per treating physician's report 12/16/2013, the patient presents with constant pain in the right shoulder, left shoulder radiation down the left elbow, continue his pain in the elbows. The patient also suffers from anxiety, depression, insomnia, nervousness, and frustration. Listed diagnoses are bilateral shoulder impingement syndrome, bilateral elbow enthesopathy, bilateral elbow lateral epicondylitis. Recommendations were for MRIs of the left shoulder, right and left elbows, physical therapy for shoulders, the patient will be prescribed some oral analgesics and some transdermal creams for pain management. Requests include DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TIME LAB TEST TO EVALUATE GENETIC RISK FOR NARCOTIC DEPENDENCE/ADDICTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Genetic testing for potential opioid abuse.

Decision rationale: The treating physician has prescribed some opiates for the patient and has also asked for DNA testing one time. ODG Guidelines simply states not recommended regarding genetic testing for potential opioid abuse. It states that current research is experimental in terms of testing for this and that studies are inconsistent with inadequate statistics and large phenotype range. The request is not medically necessary.