

Case Number:	CM14-0064557		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	09/12/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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:

Per the records provided, the date of injury was July 30, 2013. The claimant was connecting an iron bar and took a step forward to another part. The foot slipped and he went between an iron bar, hitting the right leg, yet staying in a seated position between the bars. There were multi-area pain complaints. The actual utilization review for the DNA pain profile was on April 8, 2014. The patient complained of right hip and thigh pain. The pain was described as constant and it was present 100% of the day. There was also right knee pain rated at four out of 10. The pain was alleviated with medicine. There was also right heel pain rated at nine out of 10. The right ankle pain was eight out of 10. There was right toe pain at seven out of 10. There were also headaches, dizziness, depression and difficulty sleeping. There was tenderness to the lumbar spine over the paraspinal muscles. Straight leg raise was reported as positive at the right lower extremity at 20. The patient was diagnosed as having a lumbar spine musculoligamentous injury, right knee internal derangement and a mood disorder. The patient denied taking medicines. There were no previous surgeries. As of January 8, 2014, he continued home physical therapy. There was a note from Concentra dated January 2, 2014 documenting about 15 cumulative sessions of physical therapy. There was a service date from January 29, 2014 again with Concentra where the claimant complained of right hip and leg pain. He was released from care but continued to have pain in his hip and leg. The x-ray on October 31, 2013 was negative. His physical therapist noted that he was healing slower than expected.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA pain profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 03/27/14) - 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 section under Genetic Testing.

Decision rationale: The MTUS is silent on this form of DNA genetic testing. It is genetic testing for potential opioid abuse. The ODG notes it is 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). I do not support using experimental or not fully confirmed tests on this claimant; the request is appropriately not medically necessary.