

Case Number:	CM14-0084115		
Date Assigned:	07/21/2014	Date of Injury:	05/07/2007
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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 and is licensed to practice in Florida and New York. 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 36 year old female with a reported date of injury on May 07, 2007. The mechanism of injury is not described. The diagnoses are listed as Fibromyalgia/myositis (729.1), Cervicalgia (723.0), Primary Localized Osteoarthritis Hand (715.14), Carpal Tunnel Syndrome (354.0) and Rheumatoid Arthritis (714.0). A pain management progress note dated June 30, 2014 indicates current complaints of right shoulder and neck pain rated at 7/10 on the visual analog scale and described as constant, aching and severe. The injured worker underwent right shoulder arthroscopic repair on June 24, 2014. Medications include Neurontin 300mg three tablets every night for 30 days, Norco 10/325 mg one tablet five times daily, or as needed for 30 days and occasional use of tramadol. OxyContin twice daily is noted as not helpful. A prior utilization review decision resulted in non-certification of a request for genetic metabolism testing. The test is being requested again by the prescribing and treating physician to evaluate genetic predisposition in cytochrome P450 drug metabolizing enzymes, which will ultimately allow assessment of drug metabolism, as well as risk and side effects of drugs prescribed by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Cytokine DNA testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Opioids for Chronic Pain.

Decision rationale: The injured worker was last evaluated 06/30/2014. Although there is benefit from the testing requested there is no indication that the claimant has been evaluated clinically for over two and half months. In light of this, there is no clinical information available which is necessary to determine if medications are needed, or to assess the response to any prescribed medications. Since there is no clinical basis on which to establish the need for the request, the previous denial of the request is upheld. Therefore, this request is not medically necessary.