

Case Number:	CM14-0085625		
Date Assigned:	07/23/2014	Date of Injury:	09/27/2013
Decision Date:	09/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal 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:

This is a 52-year-old female with a date of injury of 9/27/13. The mechanism of injury occurred when she dropped a 60-pound can on her right hand, and on a continuous trauma basis due to repetitive motion. Since then she has had pain, numbness and tingling to her right hand and neck area. On 5/6/14 she complained of pain and weakness in the right wrist and hand with tingling in the fingers. On exam there was tenderness of the cervical pain over the paraspinal muscles, trapezius and parascapular muscles, bilaterally. The right hand reveals positive Finkelstein's test, she is not able to move the first finger, and there is tenderness over the right thumb. The diagnostic impression is fracture of the right thumb, right hand DeQuervain's syndrome, and lumbar/cervical discopathy. Treatment to date: medication management A UR decision dated 5/27/14 denied the request for DNA molecular genetic testing. The genetic testing was recommended to screen for addiction risk before starting opioids. The request for genetic testing was denied because it is not recommended by guidelines. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTING: DNA MOLECULAR GENETIC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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.

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse 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. Recommend not medically necessary. However, there a specific rationale identifying why DNA molecular genetic testing would be required in this patient despite lack of guideline support, was not identified. Therefore, the request for DNA molecular genetic testing was not medically necessary.