

Case Number:	CM14-0089241		
Date Assigned:	07/23/2014	Date of Injury:	02/19/1996
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 claimant sustained an industrial accident on 02/19/1996. The mechanism of injury was not provided for review. Her diagnoses include complex regional pain syndrome right lower extremity, neuralgia, neuritis, and lumbosacral aprin/strain. She complains of pain primarily in the right lower extremity. Her gait is antalgic and there is decreased range of motion of the right leg. Allodynia and dysesthesia is noted in the right lower extremity. Blue/purplish coloring of the skin above the ankle to the knee is noted. Treatment consists of medications including opiates. Urine drug screen testing has demonstrated compliance with her prescribed medications. The treating provider has requested genetic drug metabolism testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic drug metabolism test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Cytokine DNA testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Guidelines: Drug testing page 43 (pdf format) Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013- Genetic drug metabolism testing.

Decision rationale: Drug efficacy and toxicity vary substantially across individuals. Because drugs and doses are typically adjusted, if needed, by trial and error, clinical consequences may include a prolonged time to optimal therapy. In some cases, serious adverse events may result. Various factors may influence the variability of drug effects, including age, liver function, concomitant diseases, nutrition, smoking, and drug-drug interactions. Inherited (germline) DNA sequence variation (polymorphisms) in genes coding for drug metabolizing enzymes, drug receptors, drug transporters, and molecules involved in signal transduction pathways also may have major effects on the activity of those molecules and thus on the efficacy or toxicity of a drug. To date there is no current evidence to support the use of the cytokine DNA test for the diagnosis of pain. The patient has a diagnosis of chronic pain and regional complex regional pain syndrome. There is no indication for genetic testing and it will not change her present treatment plan. The request is not medically necessary.