

Case Number:	CM14-0158986		
Date Assigned:	10/02/2014	Date of Injury:	02/28/2001
Decision Date:	01/12/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/29/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, arm, and upper back pain reportedly associated with an industrial injury of February 28, 2001. In a Utilization Review Report dated October 25, 2014, the claims administrator failed to approve a request for genetic metabolism testing and genetic opioid testing. Non-MTUS ODG guidelines were invoked exclusively, despite the fact that the MTUS addressed the topic. The claims administrator stated that its decision was based on a RFA form received on August 22, 2014. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported persistent complaints of neck pain status post earlier cervical epidural steroid injection. The applicant was apparently using Vicodin prescribed by his dentist. Mobic, Neurontin, and tramadol were renewed, as were permanent work restrictions. On August 19, 2014, the applicant again reported multifocal arm, neck, upper back, and hip pain. Permanent work restrictions and a cervical epidural steroid injection were renewed. The applicant's medication list included tramadol and Mobic. The applicant's BMI was 24. Genetic risk testing and genetic drug metabolism testing were sought. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test, QTY: 1: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The article at issue, genetic metabolism testing, is essentially analogous to DNA testing. However, page 42 of the MTUS Chronic Pain Medical Treatment Guidelines notes that DNA testing is "not recommended" if there is no current evidence which would support the usage of DNA testing for the diagnosis of pain, including the chronic pain reportedly present here. In this case, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Genetic opioid risk test, QTY: 1: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The article at issue, genetic opioid risk testing, is essentially analogous to DNA testing. However, page 42 of the MTUS Chronic Pain Medical Treatment Guidelines notes that DNA testing is "not recommended" in the diagnosis of pain, including the chronic pain context present here. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.