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| <b>Case Number:</b>   | CM14-0169063 |                              |            |
| <b>Date Assigned:</b> | 10/17/2014   | <b>Date of Injury:</b>       | 01/19/2012 |
| <b>Decision Date:</b> | 08/06/2015   | <b>UR Denial Date:</b>       | 09/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 50-year-old female who sustained an industrial injury on 01/19/2012. Diagnoses include right sciatica, right sacroiliitis/dysfunction, myofascial syndrome, lumbar sprain/strain, chronic pain related depressive anxiety, chronic pain related insomnia, neuropathic pain and prescription narcotic dependence. Treatment to date has included medications, medial branch nerve blocks, physical therapy, chiropractic treatment, acupuncture and hot showers. According to the progress notes dated 9/2/14, the IW reported low back pain radiating to both legs, which she described as burning and aching. She rated her pain 6/10 and indicated this was her pain level on average over the previous week. She also reported difficulty sleeping due to chronic severe pain, stating the 6 hours per night she slept was not sufficient to feel rested. The notes indicated she admitted to a history of methamphetamine use. On examination, her gait was antalgic, favoring the right. There was moderate point tenderness over the L5 spinous process and over the sacroiliac joint. Trigger points were present to the right of the midline at the L5 level and into the upper portion of the right buttock. Patrick's sign and Gaenslen's sign was positive on the right. Direct pressure over the sciatic nerve caused pain. Straight leg raise was positive on the right with minimal elevation and on the left at 35 degrees. A request was made for one-time saliva DNA testing to assess the IW's predisposition, if any, to prescription narcotic addiction/dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time saliva DNA testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DNA testing- Pain chapter and pg 45 and Other Medical Treatment Guidelines American Academy of Family Physicians June 2008 Genetic Drug Metabolism Am Fam Physician. 2008; 77 (11): 1553-1560.

**Decision rationale:** The ACOEM and MTUS guidelines are silent on drug metabolism. According to the AAFP guidelines, the use of genotyping is more accurate than race or ethnic categories to identify variations in drug response. 52 Unlike other influences on drug response, genetic factors remain constant throughout life. The use of pharmacogenetic information to support drug selection and dosing is emerging. In addition, the ODG guidelines do not recommend cytokine DNA testing. There is lack of clinical evidence supporting their routine use and is for selected drugs such as Warfarin. In this case, the claimant did have urine drug screening that was inconsistent with medications taken. However, DNA testing to determine addiction or metabolism is not indicated and can be determined based on history and questionnaire. The request for DNA testing is not medically necessary.