

<b>Case Number:</b>	CM14-0182903		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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: New Jersey, New York  
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:

This female worker was injured on 01/30/2013 while being employed. On physician's progress report dated 08/26/2014. She complained of left knee pain that was relieved with rest and medication. She also complained of loss of sleep due to pain. On examination of the left knee she was noted to have tenderness on the medial and lateral knee joint lines, patellar tracking was painful in the left knee and he was noted to have a decreased range of motion. Diagnoses were knee sprain/strain and insomnia. Treatment plan included medication of Anaprox/Naprosyn 550mg, Pantoprazole 20mg and Tramadol 37.5-325 mg, MRI of left knee, Physical Therapy and Acupuncture, chiropractic treatment and DNA Pain Medicine Management Panel. He was noted to return to full duty with no limitations or restrictions. The Utilization Review dated 09/30/2014 non-certified the request for DNA Medical Collection Kit (left knee) as not medically necessary. The reviewing physician referred to ODG for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA medical collection kit (left knee): 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), Treatment in Workers Compensation (TWC), 2014: Pain (chronic) (updated 09/23/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Pharmacogenetic testing, opioid metabolism, Genetic testing for potential opioid abuse

**Decision rationale:** The request is considered not medically necessary. ODG guidelines were used because MTUS did not address this. The use of pharmacogenetic testing to evaluate the rate of opioid metabolism or to check for abuse is not recommended in the clinical setting. Controlled trials are needed to evaluate its utility in clinical medicine. Evaluation of abuse potential is done through CAGE questionnaire and other screening methods.