

<b>Case Number:</b>	CM14-0186392		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 is a 53-year-old female who reported an injury on 06/07/2007. On 09/25/2014, she presented for a followup evaluation regarding her right knee pain. She stated she had right knee pain described as moderate in severity. Her medications included Vicodin ES 7.5 mg/300 mg. A physical examination showed 5/5 strength throughout the lower extremities with normal reflexes and intact sensation. Provocative testing was negative with the exception of a positive right McMurray's test and positive patellar grind in the right knee. She was diagnosed with discogenic low back pain, myofascial pain syndrome, and chondromalacia of the patella. The treatment plan was for a DNA/pharmacogenetics test. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA/Pharmacogenetics Test:** 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 Index, 12th Edition (web0, 2014 Pain, Cytokine DNA testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cytokine DNA testing.

**Decision rationale:** The Official Disability Guidelines do not support the use of DNA testing for the diagnosis of pain or chronic pain and do not support the use of genetic testing to determine the risk of opiate abuse. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Vicodin and reported pain in the right knee. However, there is a lack of documentation indicating that she had chronic pain or that she showed evidence of misuse or abuse of her medication to support the requested intervention. Also, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.