

<b>Case Number:</b>	CM14-0193821		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/14/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 has a history of a work injury occurring on 10/14/12 when, while working as a Courtesy Clerk she was cleaning in a tight corner with injury to the back, neck, and shoulders. Treatments included physical therapy, medications, and epidural injections and she underwent right shoulder arthroscopic surgery in September 2013. She continued to be treated with complaints of right shoulder, neck, and low back pain. She was seen on 10/03/04. Pain was rated at 8/10. Medications were tramadol, nortriptyline, gabapentin, and ibuprofen. She was participating in physical therapy. Physical examination findings included decreased and painful cervical and lumbar spine range of motion. She had tenderness over the lumbar facet joints. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA/Genetic Testing, 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 Chapter, 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 (Chronic), Genetic testing for potential opioid abuse.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain. Medications include tramadol. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. Therefore the requested DNA/genetic testing was not medically necessary.