

Case Number:	CM14-0196920		
Date Assigned:	12/04/2014	Date of Injury:	05/18/2004
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 American Board of Internal 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 injured worker (IW) is a 59-year-old man with a date of injury of May 18, 2004. The mechanism of injury was not documented in the medical record. The current diagnoses are chronic low back pain; status post back fusion X 2 (2005, 2007); failed back syndrome; multiple levels old lumbar radiculopathy, mainly affecting the left lower extremity; neck pain; bilateral knee pain; left ankle/foot pain; and major depression. Pursuant to the progress note dated June 6, 2014, the IW complains of low back pain. He has been waiting for approval for a spinal cord stimulator. He is experiencing more shooting pain to the left foot with paresthesia symptoms. He has been on OxyContin 80mg every 8 hours, and Percocet 10/325mg as needed for breakthrough pain. He has been on Cymbalta and Ambien 10mg as well. He uses a cane for ambulation. Physical examination reveals moderate pain to palpation at the lower back bilaterally about the level of L5-S1 with right much worse than left. There is decreased range of motion in flexion, extension, lateral flexion, and rotation. There is no significant pain in the SI joints bilaterally. There is moderate TTP in the neck, right worse than left. The current request is for 1 pharmacogenomics and molecular diagnostic test (18 units). The treating physical does not make any mention of the requested test in his June 6, 2014 progress note. The plan of care is for a testosterone level, cervical MRI and x-rays of both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) DOS 06/06/14 Pharmacogenomic and molecular test (18 units): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain(Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Cytokine Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Pharmacogenetic testing, Opioid Metabolism, Cytokine DNA Testing

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective pharmacogenomics and molecular testing (18 units), date of service June 6, 2014 is not medically necessary. Pharmacogenetic testing is not recommended except in a research setting. See the official disability guidelines for details. Genetic testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. For additional details see the guidelines. In this case, the injured worker is a 59-year-old man with a date of injury May 18, 2004. Pharmacogenetic and molecular diagnostic tests were administered to the patient on June 6, 2014. The injured worker has had persistent low back pain, neck pain and headaches. He takes OxyContin 80 mg and Percocet 10/325 mg for breakthrough pain in addition to Cymbalta and Ambien 10 mg for insomnia. Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not support pharmacogenomics diagnostic testing and molecular testing. Pharmacogenomics is not recommended and genetic testing is not recommended. Documentation from the June 6, 2014 progress note lists the diagnoses and a plan for a testosterone level. There is no request for the pharmacogenomics and molecular testing. There is no clinical indication or clinical rationale in the June 6, 2014 progress note for the pharmacogenomics and molecular testing. Consequently, absent the appropriate clinical indication and clinical rationale, retrospective pharmacogenomics and molecular testing (18 units), date of service June 6, 2014 is not medically necessary.