

Case Number:	CM14-0200379		
Date Assigned:	12/10/2014	Date of Injury:	11/08/2012
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/18/12 when, while working as a meat cutter, he was carrying boxes and had sudden pain. Treatments included medications, physical therapy, chiropractic care, acupuncture, and TENS. He continues to be treated with medications. He was seen on 09/29/14. He was having ongoing neck and back pain. He had run out of pain medications the day before. Pain was rated at 8/10. Medications were hydrocodone/acetaminophen 10/325 mg four times per day, cyclobenzaprine 7.5 mg, and alprazolam 0.5 mg. There was a normal neurological examination. He was provided with a soft cervical collar. Medications were refilled. He was seen by the requesting provider on 10/17/14. He was having neck, mid back, and low back pain with pain radiating into the right greater than left upper and lower extremities. Pain was rated at 9/10 without medication and at 5/10 with medication. He was also having right shoulder pain rated at 7/10 without medication and 4/10 with medication. He was having difficulty sleeping. Physical examination findings included tenderness and muscle spasms with decreased range of motion throughout the spine. He had shoulder tenderness with decreased range of motion. Naprosyn, tramadol, cyclobenzaprine, and omeprazole were prescribed as well as topical compounded cream. Authorization for DNA testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Medicated Collection Kit: 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 11th Edition (web) 2014, Pain Genetic Testing for Potential Opioid Abuse

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 widespread radiating spine pain. 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 kit is not medically necessary.