

Case Number:	CM14-0203954		
Date Assigned:	12/16/2014	Date of Injury:	04/11/2014
Decision Date:	02/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, upper back, and lower back pain reportedly associated with an industrial injury of April 11, 2014. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for urine drug testing and various other genotype tests. The applicant's attorney subsequently appealed. In a handwritten note dated November 13, 2014, difficult to follow, not entirely legible, a 2D echocardiogram, eight sessions of physical therapy, general orthopedic consultation, urine drug testing, topical compounds, Flexeril, tramadol, and omeprazole were endorsed, while the applicant was kept off of work, on total temporary disability. Multifocal complaints of 6 to 9/10 neck, upper back, low back, and right leg pain were reported. The genetic testing at issue was apparently performed on October 22, 2014. The results of the same were not clearly interpreted. The attending provider made no mention of genetic testing/drug testing at issue in his November 13, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test - Chromatography: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG's Chronic Pain Chapter Urine Drug Testing Topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing with chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, notes that confirmatory and/or quantitative testing are not recommended outside of the emergency department drug overdose context and further notes that an attending provider should clearly state which drug tests and/or drug panels he intends to test for. Here, the attending provider did not clearly outline which drug tests and/or drug panels he intended to test for. No rationale for pursuit of non-standard chromatography (AKA confirmatory drug testing) was furnished so as to offset the unfavorable ODG's position on the same. Therefore, the request was not medically necessary.

Cytochrome P450 (Genotype tests) CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V, and Mthfr: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.com/health/cyp450-test/MY00135/DSECTION> Cytochrome P450 tests (CYP450 tests)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 43. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Opioids Chapter, Genetic Factors section

Decision rationale: As noted on page 42 of MTUS Chronic Pain Medical Treatment Guidelines, DNA testing, essentially analogous to the cytochrome P50 testing/genotype testing at issue, is "not recommended" in the diagnosis of the pain, including in the chronic pain context present here. The Third Edition ACOEM Guidelines likewise notes that genetic testing, including the cytochrome testing at issue, is "not in widespread use." The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS and ACOEM positions in the article at issue. Furthermore, the attending provider did not clearly interpret the results of the genotype testing/genetic testing already performed in October 2014. Therefore, the request was not medically necessary.