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| Case Number: | CM14-0209182 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 10/04/2004 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 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 40-year-old woman with a date of injury of October 4, 2004. The mechanism of injury was documented as a cumulative trauma. The injured worker's working diagnoses are thoracic outlet syndrome; cervical spine strain/sprain; and right shoulder impingement syndrome. Pursuant to the handwritten progress note dated November 24, 2014, the IW complains of right shoulder pain and neck pain. There are paresthesias at the right biceps. She has difficulty reaching above shoulder level. She cannot lie on her right side. She is positive for nocturnal pain. Objectively, there was positive distal clavicle tenderness and bicipital groove tenderness. Pain with impingement maneuvers was noted. Empty can test was positive. There was pain and guarding with apprehension. Current medications are not listed. The treating physician reports the IW has failed therapy, home exercise program, medications, and injections. A request is submitted for right shoulder scope, subacromial decompression, and rotator cuff debridement. The current request is for Buccal Smear to evaluate response to pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buccal Smear To Evaluate Response To Pain Medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Pain Chapter, Genetic Testing for Potential Opioid Abuse

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, buccal smear to evaluate response to pain medication. DNA testing (cytokine) is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Two articles were found on the website of Cytokine Institute. However, these articles could not meet minimum standards for inclusion for evidence-based criteria. In this case, the injured worker's working diagnoses as a November 24, 2014 are thoracic outlet syndrome; and cervical spine strain/sprain. The treatment plan indicates patient has failed therapy, home exercise program, medications, and injections. The treating physician is going to request the right shoulder scope. There will be a request for pain management and the buccal smear to evaluate for response to pain meds (for operative purposes). The medical records not contain any documentation regarding drug dependency, misuse or abuse. There was no discussion of aberrant drug seeking behavior. While there appears to be a strong genetic component to addictive behavior, current research remains experimental in terms of testing for this. Consequently, absent guideline recommendations in support of DNA testing, buccal smear to evaluate response to pain medications is not medically necessary.