MAXIMUS Federal Services

Case Number:	CM15-0019230		
Date Assigned:	02/09/2015	Date of Injury:	07/31/2007
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 43-year-old male, with a reported date of injury of 07/31/2007. The diagnoses include anterior decompression and fusion of the cervical spine and chronic neck pain. Treatments have included home stretching exercises, oral pain medication, an anterior decompression and fusion of the cervical spine, acupuncture, topical pain medication, and cervical injections. The progress report dated 11/14/2014 indicates that the injured worker's urine toxicology monitoring report was positive for hydrocodone. The injured worker took four tablets per day, and it was incompletely resolving his pain. He had breakthrough pain with the medication, and this issue was whether he was a correct metabolizer of the medication. A physical examination of the neck showed flexion and extension at 70 degrees, and a positive head compression. The treating physician requested a DNA medication profile to evaluate the injured worker's medical profile to see if Norco may need to be changed or the dose adjusted base on the metabolism of this. On 01/01/2015, Utilization Review (UR) denied the request for a DNA medication profile, noting that the last three progress reports were not submitted. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory: DNA Medication Profile: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS MEDLINE/Pubmed and on the Non-MTUS Anthem Blue Cross Medical Policies and Clinical UM Guidelines and on the Non-MTUS National Guideline Clearing House.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokinase DNA. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cytokine DNA.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DNA medication profile is not medically necessary. Cytokine DNA 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are decompression and fusion, cervical spine; and chronic neck pain. There is no documentation in the medical record of a family history of drug misuse or abuse. There is no documentation of a past medical history of the injured worker with drug misuse or abuse. Cytokine DNA testing is not recommended. Additionally, there is no current evidence to support the use of DNA testing for the diagnosis of pain, chronic pain. Consequently, according to the guideline recommendations, DNA medication profile is not medically necessary.