

Case Number:	CM15-0130438		
Date Assigned:	07/16/2015	Date of Injury:	07/14/2006
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68-year-old male who sustained an industrial injury on 07/14/2006. Diagnoses include chronic pain, status post left total shoulder replacement. Treatment to date has included medication, shoulder injections, physical therapy, left shoulder arthroscopy (x 5), left total shoulder replacement, Toradol injections, psychological therapy and psychiatric medication management and home exercise. According to the progress notes dated 6/1/15, the IW reported constant pain in the left shoulder, radiating to the shoulder blades and the neck. Medications were beneficial and overuse of the arm increased pain. She rated her pain 2/10 to 8/10 since her last visit. She received a Toradol injection between visits and stated her pain level was maintained at 3/10 with this medication; without it, pain was 10/10. The provider stated the IW's opiate medication had to be increased due to pain and because Lidoderm patches were not authorized, she failed a Gabapentin trial and Amitriptyline was contraindicated with her other medications. On examination, range of motion of the left shoulder was significantly decreased. Neer's and Hawkins signs were positive, but the distal neurovascular exam was intact. A request was made for a DNA genetic profile for medication metabolism.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA genetic profile for medication metabolism: 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: 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.

Decision rationale: This 68 year old male has complained of left shoulder pain since date of injury 7/14/06. He has been treated with surgery, physical therapy, injections and medications. The current request is for DNA genetic profile for medication metabolism. Per the ODG guidelines cited above, genetic testing for medication metabolism is not recommended. On the basis of the available medical documentation and per the ODG guidelines cited above, DNA genetic profile for medication metabolism is not indicated as medically necessary.