

Case Number:	CM15-0201198		
Date Assigned:	10/16/2015	Date of Injury:	01/23/2009
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51 year old male, who sustained an industrial injury on 01-23-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder pain. Medical records (04-06-2015 to 08-17-2015) indicate ongoing right shoulder, elbow and hand pain as well as neck pain, and upper and low back pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Activity level and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 08-17-2015, revealed retr5icted range of motion in the right shoulder, tenderness over the greater tuberosity of the right humerus, subacromial grinding and clicking of the right humerus, and tenderness over the rotator cuff muscles. Relevant treatments have included: right shoulder surgery, psychological treatments, work restrictions, and medications (Prilosec, Ultram, and Xanax). The treating physician indicates that DNA testing was completed to ascertain medication interaction and intake. The request for authorization (08-17-2015) shows that the following service was requested: DNA or Genomic testing. The original utilization review (10-02-2015) non-certified the request for DNA or Genomic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/ Genomic testing: 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 - Cytokine DNA testing; Genetic testing for potential opioid abuse; Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid, Genetic testing for potential opioid abuse.

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. The records indicate that the injured worker has already been identified as abusing drugs. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. ODG also addresses the use of cytokine DNA testing for pain diagnosis is not recommended. The available medical record notes the DNA test was performed to ascertain medication interaction and intake, the record offers no rationale of how a DNA test would perform this function or why it would be indicated. As such, this test would not add to the diagnosis nor alter the treatment of this IW and the request for DNA/genomic testing is deemed not medically necessary.