

Case Number:	CM15-0202029		
Date Assigned:	10/16/2015	Date of Injury:	04/20/2007
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43year old female, who sustained an industrial injury on 4-20-2007. The injured worker is undergoing treatment for: low back pain with radiculitis. On 8-10-15, and 9-3-15, she reported low back pain with radiation into the buttocks and bilateral legs. She rated her pain 9 out of 10. Objective findings revealed a normal gait, tenderness in the low back, positive bilateral straight leg raise testing, and no motor or sensory deficits. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the low back (2008), lumbar surgery (2009), lumbar epidural (date unclear). Medications have included: Norco, Cymbalta, Prilosec, Flexeril, gabapentin. Current work status: unclear. The request for authorization is for: DNA-genetic testing to rule out metabolic pathway deficiency for proper medications management. The UR dated 10-5-15: non-certified the request for DNA-genetic testing to rule out metabolic pathway deficiency for proper medications management.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Genetic testing initiated today to rule out metabolic pathway deficiency for proper medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain.

Decision rationale: Review indicates the provider requesting for DNA-genetic testing to rule out metabolic pathway deficiency for proper medications management. It is unclear what type of DNA testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no such medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The DNA/Genetic testing initiated today to rule out metabolic pathway deficiency for proper medication management is not medically necessary and appropriate.