

Case Number:	CM15-0207183		
Date Assigned:	10/26/2015	Date of Injury:	02/22/2012
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on 2-22-2012. The medical records indicate that the injured worker is undergoing treatment for rotator cuff tendinitis of the right shoulder, status post right first dorsal compartment tenosynovectomy and De Quervain's release (2-2-2015), and cervical pain with upper extremity symptoms. According to the progress report dated 8-31-2015, the injured worker presented with complaints of worsening right shoulder pain (8 out of 10), right wrist-hand pain (5 out of 10), left wrist pain (3 out of 10), and cervical pain (6 out of 10) with right upper extremity symptoms. The physical examination reveals tenderness over the anterior aspect of the right shoulder and acromioclavicular joint, swelling, atrophy of the right deltoid musculature, and flexion 90 degrees, abduction 80 degrees, external-internal rotation 60 degrees. Examination of the cervical spine reveals tenderness, diminished sensation in the right C6 and C7 dermatomal distributions, and restricted range of motion. Right and left wrist exam was documented as "essentially unchanged". The current medications are Naproxen, Pantoprazole, and Cymbalta. Previous diagnostic studies were not indicated. Treatments to date include medication management, physical therapy, home exercise program, bracing, shoulder injection, and surgical intervention. Work status is described as temporarily partially disabled. The original utilization review (9-28-2015) had non-certified a request for DNA-Genetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Genetic Testing: Upheld

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

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 for potential opioid abuse.

Decision rationale: The claimant sustained a work injury in February 2012 and underwent a right deQuervain's release in February 2015. She continues to be treated for bilateral wrist and hand, right shoulder, and cervical pain with right upper extremity symptoms. When seen, pain was rated at 3-6/10. There was anterior right shoulder and acromioclavicular joint tenderness. With decreased range of motion. There was decreased cervical range of motion and tenderness. There was decreased right upper extremity strength and sensation. Wrist examinations were unchanged with pain on range of motion and with resisted motion. Duloxetine, naproxen, and Pantoprazole were dispensed. Genetic testing was requested for medication management. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. The requested DNA/genetic testing is not considered medically necessary.