

Case Number:	CM15-0207946		
Date Assigned:	10/27/2015	Date of Injury:	05/19/2015
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 21-year-old female with a date of industrial injury 5-19-2015. The medical records indicated the injured worker (IW) was treated for status post right elbow dislocation; mildly displaced fracture; and fracture of the lateral upper condyle. In the progress notes (8-25-15), the IW reported right elbow pain rated 7 out of 10. She requested possible medication rotation and was experiencing occasional gastrointestinal upset and nausea with hydrocodone. At the 7-29-15 visit, she reported right elbow pain and stiffness. On examination (8-25-15 notes), there was tenderness and swelling in the right elbow. Range of motion was 0 to 110 degrees, which was improved from the 7-29-15 exam. There was pain with supination and pronation. Treatments included medication, fracture reduction, splint and sling, physical therapy and TENS unit. The IW was temporarily totally disabled. The provider recommended genetic testing for proper medication management due to past allergic reactions and GI disturbances due to medications, but her allergies were not listed. A Request for Authorization was received for DNA-genetic testing initiated to rule out metabolic pathway deficiency for proper medication selection management. The Utilization Review on 9-28-15 non-certified the request for DNA-genetic testing initiated to rule out metabolic pathway deficiency for proper medication selection 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 to rule out metabolic pathway deficiency for proper medication selection management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant 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, Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain) AND Genetic testing for potential opioid abuse.

Decision rationale: The MTUS Guidelines are silent regarding genetic testing to rule out metabolic pathway deficiency for opioid selection. The ODG, however, states that this testing is not recommended. The research is currently experimental and studies are inconsistent. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Also, other variations in response to opioids depend on other factors besides genetics, such as pain modality, potential for repeated noxious stimuli, the opioid prescribed, and the route of administration, making predicting an overall response to opioids challenging, even if genetic testing is used. In the case of this worker, a request for DNA/genetic testing to rule out metabolic pathway deficiency for proper medication selection management was made by the provider. However, since this type of testing is not appropriate for the average clinical case, this request will be considered medically unnecessary at this time.