

<b>Case Number:</b>	CM15-0021550		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Texas, California  
 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:

The injured worker is a 61 year old female who sustained a work related injury on October 16, 2002, where she worked as a transporter and assisted with disabled adults in job situations. She developed right knee pain. She was diagnosed with a right knee internal derangement and degenerative joint disease. On February 22, 2003, an arthroscopic meniscectomy of the right knee was performed. In August, 2004, she had another arthroscopic of the right knee performed due to deterioration of the cartilage. Treatment included physical therapy, aqua therapy and pain medications. On June 3, 2014, she underwent a right total knee replacement. Currently, in November, 2014, the injured worker complained of residual pain in the right knee and shoulder pain. Genetic testing for prescription drug metabolism to aid in proper dosing and assessment of dependency, tolerance, effectiveness or misuse was requested. Per the doctor's note dated 10/30/14 patient had complaints of right knee pain. Physical examination of the right knee revealed limited range of motion and no tenderness on palpation. Physical examination of the lumbar spine revealed 4/5 strength, normal sensation, negative SLR and no tenderness on palpation. The medication list include Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline. Decision based on Non-MTUS Citation Pain (updated 03/23/15) Genetic testing for potential opioid abuse

**Decision rationale:** Request: DNA test. Per the ODG cited below genetic testing is Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012). Therefore there is no high grade scientific evidence to support the use of genetic testing for assessment of opioid abuse. A detailed history documenting that this patient has a previous history of abuse of controlled substances or is at a high risk for abusing controlled substances is not specified in the records provided. The rationale for the DNA test is not specified in the records provided. Exact genetic factors that would be covered during the proposed testing are not specified in the records provided. History of drug abuse or addiction is not specified in the records provided. Any history of taking opioid medications for pain is not specified in the records provided. A recent urine drug screen report was not specified in the records provided. The medical necessity of the request for DNA test is not fully established in this patient.