

Case Number:	CM15-0024723		
Date Assigned:	02/17/2015	Date of Injury:	07/07/2014
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, 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 an industrial injury reported on 7/7/2014. She reported left shoulder and low back pain. The history noted complaints of left shoulder pain, and bilateral knee, ankle and wrist pain. The diagnoses were noted to have included headache; unspecified back disorder; anxiety state; brachial neuritis or radiculitis; lumbago; thoracic or lumbosacral neuritis and radiculitis; unspecified disorders of bursae and tendons in the shoulder; carpal tunnel syndrome; contusion of the wrist; derangement of meniscus; tarsal tunnel syndrome; and radial styloid tenosynovitis. Treatments to date have included multiple consultations; diagnostic laboratory, urine, and imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be off work until 1/16/2015. The treatment plan in the PR-2, dated 12/26/2014, notes that the patient has been on medications for a while now, but still experiences difficulty with daily functions. Based on American College of Occupational and Environmental medicine Guidelines (2011), a one-time Prove Drug Metabolism Laboratory test (via saliva) is ordered, because medications affect each patient differently due to inherited variations. The 12/28/2014 PersonalizedDX Laboratories, comprehensive pharmacogenetic report, notes the IW's current medications, the test details/assays's for: CYP2C9, CYP2C19, CYP2D6, CYP3A, VKORC1, AND FACTOR II; their risk factors, potentially impacted medications, and dosing guidance. On 1/12/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/26/2014 versus 1/9/2015, for Prove drug metabolism lab test, because medications affect patients differently due to inherited variations. The non-certification was noted to be because no

documentation of medication responses, dosages, or drug metabolism testing was noted and that no specific genetic testing was requested. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, drug testing for presence of illegal drugs; and stated was that research has found more than 30 types of drug metabolizing enzymes in humans and mostly all of them vary between people - that your doctor can now give you a blood test to determine the effect these enzymes have on medication; and that there are three main tests available today include: CYP2D6, CYP2C9, AND CYP2C1, were all cited and stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prove drug metabolism lab test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAFP, Genetic Drug Metabolism, Am Fam Physician. 2008; 77 (11)

Decision rationale: The ACOEM and MTUS guidelines are silent on drug metabolism. According to the AAFP guidelines, the use of genotyping is more accurate than race or ethnic categories to identify variations in drug response. Unlike other influences on drug response, genetic factors remain constant throughout life. The use of pharmacogenetic information to support drug selection and dosing is emerging. There is lack of clinical evidence supporting their routine use and prior urine drug testing did not indicate abuse or deviation. The request for drug metabolism testing is not medically necessary.