MAXIMUS Federal Services

| Case Number: | CM15-0211882 | | |
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| Date Assigned: | 10/30/2015 | Date of Injury: | 01/28/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

## 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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 28, 2015. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for DNA and genetic testing. The claims administrator referenced an August 31, 2015 date of service and an associated September 21, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain, 6 to 7/10. The applicant's medications included Norco and Motrin. The applicant had been off of work for several months, the treating provider reported. The applicant was also placed off of work, on total temporary disability. Urine drug testing, Norco, Motrin, and the DNA and genetic testing at issue were all seemingly endorsed while the applicant was kept off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA/Genetic testing 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, Pain Chapter, Cytokine DNA testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Opioids Guideline, pg. 144.

**Decision rationale:** No, the request for DNA and genetic testing was not medically necessary, medically appropriate, or indicated here. As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is "not recommended" in the chronic pain context present here. The Third Edition ACOEM Guidelines Opioids Chapter further notes on page 144 that screening for genetic risks prior to opioid treatment is "not in widespread use." Here, the attending provider failed to furnish a clear or compelling rationale for the DNA and genetic testing in question in the face of the unfavorable MTUS and ACOEM positions on the same. Therefore, the request was not medically necessary.