

Case Number:	CM15-0034172		
Date Assigned:	03/02/2015	Date of Injury:	10/17/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 41 year old female, who sustained an industrial injury on 10/17/2013. Details on the initial injury and prior treatments were not submitted for this review. The diagnoses have included cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, shoulder tenosynovitis, epicondylitis, ulnar nerve injury, carpal tunnel syndrome, plantar fasciitis, and derangement of meniscus. Currently, the IW complains of pain rated 7-8/10 VAS. The physical examination from 1/20/15 documented abnormal Range of Motion (ROM) bilaterally in the shoulder, with positive Phalen's sign and positive Tinel's test with numbness in the upper extremity. There were positive impingement signs. The spine demonstrated abnormal findings with tenderness found mid and low back with the straight leg test positive bilaterally. The left ankle/foot had tenderness in multiple areas as did the right foot/ankle. The plan of care included Magnetic Resonance Imaging (MRI) of the left ankle to rule out spur and laboratory testing via saliva, explained because medications affect each person differently due to inherited variations. On 1/29/2015 Utilization Review non-certified CYP3A4, MTHFR, FII/FV LEIDEN (81225, 81226, 81227, 81240, 81241, 81291, 91355, 81401, Drug metabolism test due to inherited variations (CYP2CP, CY2C19, CYP2D3A5), noting the documentation did not support medical necessity of the requested tests. The non-MTUS and ODG Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of CYP3A4, MTHFR, FII/FV LEIDEN (81225, 81226, 81227, 81240, 81241, 81291, 91355, 81401, Drug metabolism test due to inherited variations (CYP2CP, CY2C19, CYP2D3A5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug metabolism test due to inherited variations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pharmacogenetic testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Pharmacogenetics.

Decision rationale: Pursuant to the official disability guidelines, drug metabolism test due to inherited variation is not recommended. Pharmacogenetics is not recommended except in a research setting. According to the FDA, in clinical practice, the U.S. FDA has recommended no tests. In this case, the injured workers working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorder; anxiety state; cervical neuritis/radiculitis; lumbago; thoracic or lumbosacral neuritis/radiculitis; shoulder tenosynovitis; medial epicondylitis; injury to ulnar nerve; carpal tunnel syndrome; derangement of meniscus; Tarsal tunnel syndrome; plantar fascia; fibromatosis. Subjectively, the worker has a pain scale of 7-8/10. Range of motion has remained unchanged. Strength is unchanged from last visit. There are no specific clinical subjective findings in the record. Objectively, there is tenderness in the neck region. There is tenderness over the lumbar paraspinal muscle region bilaterally. There is tenderness over the plantar fascia medial and lateral malleolus. The current list of medications according to a January 20, 2015 progress note included Naproxen sodium, Orphenadrine ER, Prilosec, Flurbiprofen 15%, gabapentin 10%, cyclobenzaprine 4%, and Terocin adhesive patch. There is no plan in the progress note indicating narcotics are going to be prescribed. There is no clinical indication for clinical rationale for ordering a drug metabolism test due to inherited variation. Consequently, absent clinical documentation with a clear clinical indication or rationale for ordering a drug metabolism test due to inherited variation, a drug metabolism test due to inherited variation is not medically necessary.