

<b>Case Number:</b>	CM15-0039517		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 who sustained a cumulative trauma injury on 8/1/12 involving her neck, mid-back, low back, bilateral shoulder and psyche. By 2013, she had medications, x-rays, MRI of the right shoulder, neck and lumbar spine, acupuncture, physical therapy. She currently complains of constant neck pain with popping and clicking, muscle spasms and knots in the paracervical musculature. Her pain radiates to the occipital area causing headaches and throughout the bilateral upper extremities to hands and wrists with numbness and tingling; constant bilateral shoulder pain with popping, clicking and muscle spasms; constant pain in the thoracolumbar spine with muscle spasms and locking and radiation to the left lower extremity with numbness and tingling. Her activities of daily living are limited due to pain. She has sleep disturbances. Medications are omeprazole, Aleve, orphenadrine citrate ER, gabapentin and dextromethorphan cream and naproxen. Diagnoses include non-steroidal anti-inflammatory induced gastropathy; headaches; constipation; lumbago; epicondylitis of the elbow; unspecified musculoskeletal disorder; unspecified back disorder; anxiety; cervical neuritis and radiculopathy; thoracic spine pain; mild impingement right shoulder. Treatments to date include physical therapy with temporary benefit, acupuncture which aggravated her right upper extremity, three thoracic epidural steroid injections which provided three weeks of pain relief, medications, home exercises, psychological evaluation (6/9/14). Diagnostics include MRI neck (1/29/14), lumbar spine and right shoulder (2/6/14), x-rays (no dates or body part). In the progress note dated 10/21/14 and all records reviewed there was no indication regarding the requested drug metabolism test due to inherited variations.

## 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 (Genetic testing including the following gene panel) CYP2C9, CYP2C19, CYP206, CYP3A5, Factor II-v MTHFR): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

**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, Pharmacogenetic Testing.

**Decision rationale:** Pursuant to the Official Disability Guidelines, drug metabolite test due to inherited variations (genetic testing including gene panel CYP 2C9, CYP 2C19; CYP 3A5, factor II-v-MTHFR is not medically necessary. Pharmacogenetics testing is not recommended. Testing is not recommended except in a research setting. Population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain related genotypes. In clinical practice, the United States FDA has recommended no tests. In this case, injured worker's working diagnoses are mild impingement right shoulder; and lumbar strain. The utilization review physician indicated a progress note from the requesting physician ( [REDACTED] ) was used in his determination. There is no progress note from the requesting physician dated January 13, 2015 from [REDACTED] in the medical record. There are two additional progress notes in the medical record both of which are illegible and unidentifiable. An agreed upon medical examination (AME) dated October 21, 2014 is present in the medical record. The AME indicated the injured worker has a 5% impairment, should use over-the-counter non-steroidal anti-inflammatory drugs and should be treated conservatively. There is no clinical indication or clinical rationale for a drug metabolite test due to inherited variations. Additionally, there is no family history of drug related behavior in the record. Consequently, absent clinical documentation with a clinical indication and rationale pursuant to guidelines non-recommendation, drug metabolite test due to inherited variations (genetic testing including gene panel CYP 2C9, CYP 2C19; CYP 3A5, factor II-v-MTHFR is not medically necessary.