

Case Number:	CM15-0040043		
Date Assigned:	03/10/2015	Date of Injury:	10/31/2012
Decision Date:	05/05/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57 year old male who sustained an industrial fall injury down steps while carrying a machine with loss of consciousness on October 31, 2012. The injured worker was diagnosed with crushing injury of the hand, cervical neuritis/radiculopathy, headache, lumbago, and shoulder tenosynovitis, lateral epicondylitis of the elbow, posterior concussion syndrome and open finger wound with tendon involvement. No surgical procedures were noted. The injured worker had an electromyography (EMG)/nerve conduction velocity (NCV) study performed on February 2014, physical therapy, cortisone injections and acupuncture therapy. According to the primary treating physician's progress report on December 15, 2014 the injured worker continues to be symptomatic and unchanged from previous visits. Examination of the cervical spine demonstrated tenderness to palpation. Examination of the lumbar spine noted tenderness to palpation over the paraspinal area bilaterally with positive straight leg raise bilaterally. Numbness was noted in the upper extremities with positive impingement signs and decreased range of motion of the left shoulder. The left wrist/elbow demonstrated positive Phalen's and Tinel's signs. Current medications are not listed and were documented as dispensed. Treatment plan is for the requested authorization for a one time Provo drug metabolism laboratory test via saliva.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) time prove drug metabolism lab test (via saliva): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tantisira K, et al. Overview of pharmacogenomics. Topic 2904, version 34.0. UpToDate, accessed 05/01/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. People's bodies can react differently to medications and can experience different complications and negative side effects. Genetics accounts for some of this variety but is only one of many factors. There is very limited research to support the routine use of genetic testing to determine if there are mutations that may be related to the breakdown of certain medications in the body, and there are no standard guidelines on how to apply the results to patient care with few exceptions. The submitted and reviewed documentation indicated the worker was experiencing neck pain. There was no discussion that described special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a drug metabolism laboratory test using the worker's saliva is not medically necessary.