

Case Number:	CM15-0045104		
Date Assigned:	03/16/2015	Date of Injury:	08/01/2011
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: North Carolina, Georgia
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 57 year old female who sustained an industrial injury on 08/01/2011. The injured worker has a cumulative trauma injury. Diagnoses include cervical spine disc protrusions, lumbar spine disc protrusions, and thoracic spine disc protrusions, diabetes, and chronic pain. Treatment to date has included diagnostic studies, medications, physical therapy, psychological consultation, cognitive behavioral treatment, and acupuncture. A hand written physician progress note dated 10/28/2014 documents the injured worker has pain rated 5 out of 10 on the pain scale in the cervical spine, pain rated 4 out of 10 on the pain scale in the thoracic and lumbar spine, and pain is 4 out of 10 on the pain scale in her hands. Treatment requested is for Chromatography urinalysis, CYP 2C19, CYP 2C9, CYP 2D6, CUP 3A4/3A5, FACTOR II, FACTOR V, and DNA TEST. There was no reason given for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP 2C19, CYP 2C9, CYP 2D6, CUP 3A4/3A5, Factor II, Factor V: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 42.

Decision rationale: Cytokine DNA testing is not recommended by CA MTUS. There is no evidence to support the use of cytokine DNA testing in the diagnosis or management of chronic pain. CYP 2C19, CYP 2C9, CYP 2D, CYP3A4/3A5, Factor II and Factor V are not medically necessary and the original UR decision is upheld.

Chromatography Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Drug Testing (UDT).

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

Decision rationale: CA MTUS is silent on urine chromatography. ODG section on Pain, Urine Drug Screen details the criteria for confirmatory testing of a urine drug screen sample with gas chromatography/mass spectrometry. It states that when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. IN this case, there is no submitted rationale for the need for chromatography testing for confirmation. Without any rationale, the urine chromatography is not medically necessary.

DNA Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 42.

Decision rationale: Cytokine DNA testing is not recommended by CA MTUS. There is no evidence to support the use of cytokine DNA testing in the diagnosis or management of chronic pain. DNA test is not medically necessary and the original UR decision is upheld.