MAXIMUS Federal Services

Case Number:	CM15-0053430		
Date Assigned:	03/26/2015	Date of Injury:	02/16/2011
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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
Certification(s)/Specialty: Emergency 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 43 year old female who sustained a work related injury February 16, 2011. Past history included fibromyalgia, s/p right carpal tunnel release and elbow surgery July, 2013, and February, 2014, right elbow surgery. According to a primary treating physician's progress report, dated January 5, 2015, the injured worker presented with complaints of pain in her neck, right shoulder/arm/elbow/wrists, right greater than left. It was noted that physical therapy improved symptoms. Diagnoses included unspecified musculoskeletal disorders and symptoms referable to neck; anxiety state, unspecified; brachial neuritis or radiculitis; unspecified disorders of bursae and tendons shoulder region; medial and lateral epicondylitis of elbow; carpal tunnel syndrome; injury to ulnar nerve. Treatment plan included continuing physical therapy, medication, pending diagnostic tests and psyche consult, consider pain management; and one time prove 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 time prove drug metabolism lab test (via saliva): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cytokine DNA Testing for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing forpain, Page 42 Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Genetic Testing forPotential Opioid Abuse.

Decision rationale: The requested One time prove drug metabolism lab test (via saliva), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Cytokine DNA Testing for pain, Page 42, note that such testing is Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Further, Official Disability Guidelines, Pain (Chronic), note that Genetic Testing for Potential Opioid Abuse is Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levran, 2012). The injured worker has pain in her neck, right shoulder/arm/elbow/wrists, right greater than left. CA MTUS and ODG do not recommend cytokine testing as the testing is still considered experimental. Absent this objection, it is not clear how a positive or negative result from the proposed genetic testing would change the treatment plan. Absent this objection, a search of Pubmed (3) revealed no medical evidence or medical guidelines supporting the use of the test in question.It appears to be experimental in nature. In the absence of support from the medical literature, and based on the currently available information, the medical necessity for DNA pain profile testing has not been established. The criteria noted above not having been met, One time prove drug metabolism lab test (via saliva) is not medically necessary.