

Case Number:	CM15-0057974		
Date Assigned:	04/02/2015	Date of Injury:	10/02/1998
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 55-year-old male, with a reported date of injury of 10/02/1998. The diagnoses were not indicated in the medical records. Treatments to date included oral medications. The medical report dated 01/19/2015 indicates that the injured worker was stable on his current medication regimen, and the plan included staying on the regimen and ordering medications for two months. The objective findings include diffuse paralumbar myofascial discomfort, pain with extension and side bending, use of a stick, walking fine, and now new neurological findings. The treating physician requested a psychiatry panel, and one pharmacogenetics panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychiatry Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed: Pharmacogenomic Testing for

Neuropsychiatric Drugs: Current Status of Drug Labeling, Guidelines for Using Genetic Information, and Test Options.

Decision rationale: MTUS and ODG are silent regarding the use of Psychiatry Pharmacogenetics Expanded Panel. There is no clinical indication for this request in this case. There is no documentation as to why this Panel is being requested. The injured worker does not have any failed medication trials or poor response to medications in the past that a Psychiatry Pharmacogenetics Expanded Panel would be needed to determine the specific treatment. Thus, the request is not medically necessary at this time.

1 Youscript (Pharmacogenetics) Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed: Pharmacogenomic Testing for Neuropsychiatric Drugs: Current Status of Drug Labeling, Guidelines for Using Genetic Information, and Test Options.

Decision rationale: Youscript (Pharmacogenetics) Panel is a set of pharmacogenetic tests to help physicians target treatment and medications to patient's genetics. The various panels available are Panels: YouScript Polypharmacy (CYP2D6, CYP2C19, CYP2C9, CYP3A4 and CYP3A5) YouScript Polypharmacy Basic (CYP2D6, CYP2C19, CYP2C9,) YouScript ADHD (CYP2D6, COMT, ADRA2A) YouScript Analgesic (CYP2D6, CYP2C9, CYP3A4, CYP3A5, CYP2B6, COMT, and OPRM1) YouScript Cardio (CYP2D6, CYP2C9, CYP2C19, CYP3A4, CYP3A5, VKORC1, F2/Factor II, F5/Factor V Leiden, MTHFR, and SLC01B1) YouScript Psychotropic (CYP2D6, CYP2C19, CYP1A2, HTR2A, and SLC6A4/5-HTT) YouScript Psychotropic Plus (CYP2D6, CYP2C19, CYP3A4, ADRA2A, CYP1A2, CYP2B6, COMT, GRIK4, HTR2A, HTR2C, MTHFR, and SLC6A4/5-HTT) YouScript Thrombosis (F2/Factor II, F5/Factor V Leiden, MTHFR). MTUS and ODG are silent regarding the use of Youscript (Pharmacogenetics) Panel. There is no clinical indication for this request in this case. There is no documentation as to why this Panel is being requested. The injured worker does not have any failed medication trials or poor response to medications in the past that a Youscript (Pharmacogenetics) Panel would be needed to determine the specific treatment. Thus, the request is not medically necessary.