

Case Number:	CM15-0061213		
Date Assigned:	04/07/2015	Date of Injury:	01/24/2015
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 1/24/15. He reported initial complaints of shoulder pain. The injured worker was diagnosed as having left shoulder symptomatic acromioclavicular arthritis, impingement with left anterior and superior labral tears. Treatment to date has included medication, diagnostics, and self rehabilitation. MRI results were performed on 1/25/15. X-Rays were performed on 1/25/15. Currently, the injured worker complains of left shoulder pain and decreased range of motion. Per the primary physician's progress report (PR-2) on 1/25/15, there was rotator cuff impingement and decreased range of motion with associated tenderness. The PR-2 report from 2/3/15 noted difficulty lifting the arm. Current plan of care included exercises and recommendation for surgery. On 2/2/15 there was request for genetic testing. The requested treatments include retrospective request for proof of opioid risk genetics profile - one time DNA test with a Buccal swab specimen (DOS: 2/2/15, Retrospective request for proof of pain perception genetic test - one time DNA test with a Buccal swab specimen (DOS: 2/2/15), and Retrospective request for proof of Metabolism genetics profile - one time DNA test with a Buccal swab specimen (DOS: 2/2/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for proof of opioid risk genetics profile - one time DNA test with a Bucca swab specimen (DOS: 2/2/15): 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), Pain Chapter, Genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. Retrospective request for proof of opioid risk genetics profile - one time DNA test with a Bucca swab specimen is not medically necessary.

Retrospective request for proof of pain perception genetic test - one time DNA test with a Buccal swab specimen (DOS: 2/2/15): 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), Pain Chapter - Cytokine DNA testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending the use of DNA testing for the diagnosis of pain, including chronic pain. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to pain would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. Retrospective request for proof of pain perception genetic test - one time DNA test with a Buccal swab specimen is not medically necessary.

Retrospective request for proof of Metabolism genetics profile - one time DNA test with a Buccal swab specimen (DOS: 2/2//15): 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), Pain Chapter - Haveos genetics opioid abuse testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending the use of DNA testing for the diagnosis of metabolic function. There is currently no evidence-based guideline supporting that the knowledge of a patient's metabolic propensity would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. Retrospective request for proof of Metabolism genetics profile - one time DNA test with a Buccal swab specimen is not medically necessary.