

Case Number:	CM14-0113793		
Date Assigned:	08/01/2014	Date of Injury:	01/10/2013
Decision Date:	10/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/20/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female injured on 01/10/13 as a result of cumulative trauma. Diagnoses included left forearm sprain, ulnar shortening, osteotomy with impaction syndrome performed on 01/17/08, chronic pain in the left forearm, and possible complex regional pain syndrome type 1. Clinical note dated 06/05/14 indicated the injured worker presented complaining of wrist pain rated at 7/10 in addition to neck and bilateral shoulder pain. Physical examination of the left upper extremities revealed moderate tenderness along the surgical incision, good range of motion with wrist and fingers, increased pain with resisted forearm pronation and supination, and signs of allodynia with light compression and range of motion at the elbow and wrist. Medications included HCTZ, Vicodin, Tramadol, Hydrocodone-PPA, Ambien, and Cymbalta. Treatment included request for acupuncture times 6 and Vicodin 5/500mg BID. Additionally, the request for pharmacogenomics test panel for pain management. Continue current medication regimen of Ultram, Neurontin, Flector patch, Ambien, and Cymbalta. The initial request was non-certified on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenomic Test Panel for medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: Current guidelines indicate the use of Pharmacogenomic Testing lacks significant substantial research to support its use. There is ongoing research regarding the translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. As such, the request for Pharmacogenomic Test Panel for medication management cannot be recommended as medically necessary.