

Case Number:	CM14-0147336		
Date Assigned:	09/15/2014	Date of Injury:	11/09/2006
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old who reported an injury on 10/09/2006. The injured worker sustained injury to his right ankle and left knee after falling off a roof. The injured worker's treatment history included pain medications, surgery, x-rays, and MRI studies. The injured worker was evaluated on 06/22/2014, and it was documented the injured worker complained of right ankle pain and left ankle pain. The provider noted the injured worker was seen for a pharmacological reevaluation. He was pleased with his clinical response to opioids as currently prescribed on an industrial basis. His 30 pound weight loss was sustained. The provider noted he was requesting genetic testing to help identify the enzyme that the injured worker's body uses to metabolize the opiates prescribed, and thus better guide the provider in opiate selection to manage the injured worker's pain. Physical examination revealed left knee and right heel was sore. Escalating activities of daily living aggravated the underlying symptoms and reducing activities of daily living improved the injured worker's symptoms. Physical examination of the musculoskeletal system revealed slight to moderate tenderness of the left knee. Range of motion of the knee; extension on the right was 135 degrees and on the left 110 degrees, and flexion on the right was 180 degrees and on the left was 180 degrees. The provider noted the injured worker was not exhibiting any aberrant drug related behavior or any significant side effect profile to currently prescribed opiate therapy by any route. The injured worker's analgesic response was acceptable and appropriate. Medications included hydrocodone/APAP 10/325 mg and Lidoderm patches. Diagnoses included Crohn's disease, appendectomy, small bowel resection (Crohn's) 10/1987, kidney reconstruction right ureter 1988, stent placed in right kidney 04/01/2001, ACLR left knee 02/2007, stent placement right kidney 05/2008, left total knee replacement 07/07/2008, stent removal right kidney 09/18/2008, stent placement right kidney 05/07/2009, left shoulder

operation 08/22/2009, stent replacement 03/08/2010, and stent removed 11/2011. The Request for Authorization dated 06/04/2014 was for molecular pathology procedure, DOS 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure DOS 5/22/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Genetic testing for potential opioid abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Cytokine DNA Testing for pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The provider failed to indicate evidence to support the use of molecular pathology procedure X 1 per lifetime. In addition, the records indicate the injured worker has been stable on the president medication regimen. The documents submitted failed to indicate the injured worker injured worker's long term functional goal of pain medication management other than requesting a DNA testing over other readily available methods for risk stratifying the injured worker. As such, the molecular pathology procedure DOS 05/22/2014 is not medically necessary.