

Case Number:	CM14-0166709		
Date Assigned:	10/13/2014	Date of Injury:	03/04/2011
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 28-year-old woman who sustained a work-related injury on March 4, 2011. Subsequently she developed chronic back pain. According to progress report dated on August 7, 2014. The patient was reported to have lumbar tenderness with reduced range of motion. The patient was treated with tramadol and ibuprofen. There is no recent documentation of the efficacy of these drugs. The provider requested authorization for DNA pharmacogenetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA pharmacogenomics test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Guidelines ; regarding monitoring for pain management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Pharmacogenomics: Premarket Evaluation in Early-Phase Clinical Studies <http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm337169.pdf> . And on Xu, Y. and A. Johnson (2013), "Opioid therapy pharmacogenomics for noncancer pain: efficacy, adverse events, and costs." Pain Res Treat 2013: 943014.

Decision rationale: There is no clinical information in the patient file supporting a DNA pharmacogenomics testing. There is evidence of atypical response of the patient to her medications. There is no evidence of toxicity of the used drugs. There is no evidence that the metabolism of used drugs is genetically controlled by factors that could be tested by commercially available tools (and not experimental tools) Therefore the request for DNA pharmacogenomics test is not medically necessary.