

Case Number:	CM14-0180943		
Date Assigned:	11/05/2014	Date of Injury:	11/20/2011
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This 46 year-old patient sustained an injury on 11/20/11 when she fell while sitting on a chair during employment with [REDACTED]. Request(s) under consideration include 1 Comprehensive molecular diagnostic test. Diagnoses include Lumbosacral Neuritis/radiculopathy NOS. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 9/4/14 from the provider noted the patient with chronic ongoing low back pain rated at 9-10/10. Exam showed painful restricted lumbar range of motion with flex/ext/lateral bending of 25/15/15 degrees. Treatment included Toradol injection, back brace, and IF unit. Report of 9/18/14 noted patient with flare-up of pain rated at 8-9/10 shooting to right leg with associated weakness, numbness and tingling. Exam showed diffuse tenderness and spasm; antalgic slow gait with painful limited range and positive SLR on right at 60 degrees. Treatment included lumbar spine MRI, pain consult, UDS, PTIM, topical compounds/creams and genetic testing to determine tendencies for certain medications. The request(s) for 1 Comprehensive molecular diagnostic test was non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Comprehensive molecular diagnostic test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Pain Chapter, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810: Not recommended. Cytokine DNA Testing, page 709

Decision rationale: This 46 year-old patient sustained an injury on 11/20/11 when she fell while sitting on a chair during employment with [REDACTED]. Request(s) under consideration include 1 Comprehensive molecular diagnostic test. Diagnoses include Lumbosacral Neuritis/radiculopathy NOS. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 9/4/14 from the provider noted the patient with chronic ongoing low back pain rated at 9-10/10. Exam showed painful restricted lumbar range of motion with flex/ext/lateral bending of 25/15/15 degrees. Treatment included Toradol injection, back brace, and IF unit. Report of 9/18/14 noted patient with flare-up of pain rated at 8-9/10 shooting to right leg with associated weakness, numbness and tingling. Exam showed diffuse tenderness and spasm; antalgic slow gait with painful limited range and positive SLR on right at 60 degrees. Treatment included lumbar spine MRI, pain consult, UDS, PTIM, topical compounds/creams and genetic testing to determine tendencies for certain medications. The request(s) for 1 Comprehensive molecular diagnostic test was non-certified on 10/2/14. There was no mention of indication or specifics for justification of this genetic testing. It is unclear what type of DNA testing is being requested. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking the DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no identified medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of pain. Regarding molecular testing, MTUS/ACOEM is silent on genetic testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a genetic component to addictive behavior, current research remains experimental in terms of testing as results are inconsistent with inadequate statistics for a large range of phenotypes, using different control criterias. Translating pharmacogenetics to clinical practice remains challenging as the context of pain, the complexity of the overall subjective nature of pain perception and response to analgesia are numerous and variable and a genetic test to tailor the opiate dosing to provide the optimal analgesia is unlikely. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Submitted reports have not adequately demonstrated the indications or documented

extenuating circumstances for genetic testing outside the guidelines' non-recommendation. The
1 Comprehensive molecular diagnostic test is not medically necessary and appropriate.