

Case Number:	CM14-0182772		
Date Assigned:	11/07/2014	Date of Injury:	01/25/2000
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year old with an injury date on 1/25/00. Patient complains of unchanged cervical pain and lumbar pain which is "not getting any better" per 9/11/14 report. Patient is stable on a treatment regimen of Norco 10mg for neck/shoulder pain, Voltaren Gel 1% for hand pain, Testosterone Cypionate 100ng/ml IM oil for hypogonadism, Nexium 40mg BID for GI/GERD from prior oral NSAID's, and Cialis for sexual dysfunction per 9/11/14 report. Based on the 9/11/14 progress report provided by the treating physician the diagnoses include, chronic neck pain, degeneration of cervical intervertebral disc, erectile dysfunction, hypogonadism male and carpal tunnel syndrome on both sides. Exam on 9/11/14 showed "C-spine range of motion limited with flexion at 45 degrees." L-spine range of motion was not included in reports. Patient's treatment history includes only medication. The patient has not had prior physical therapy. The treating physician is requesting DNA pain screening panel. The utilization review determination being challenged is dated 10/21/14. The treating physician provided treatment reports from 9/11/14 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA pain screening panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain. Decision based on Non-MTUS Citation Official Disability Guidelines/Genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA testing

Decision rationale: This patient presents with neck pain and back pain. The physician has asked for DNA Pain Screening Panel on 9/11/14 "to identify which long term pain meds are best to prescribe for patient's chronic neck pain. This checks enzymes present in patient." Review of the reports does not show any evidence of DNA screening panel being done in the past. Regarding Cytokine DNA testing, ODG states not recommended. 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. In this case, the requested DNA pain screening panel is not considered medically necessary treatment per ODG guidelines. Recommendation is for denial.