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| Case Number: | CM14-0213993 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 08/01/2013 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female who sustained an industrial injury on August 1, 2013. She reported a gradual onset of pain in both feet and ankles. The diagnoses have included chronic bilateral knee sprain, chronic bilateral ankle sprain, lumbar spine MLDP, cervical spine pain, bilateral wrist sprain/strain, bilateral elbow pain, bilateral shoulder pain and induration of the left lateral thigh. Treatment to date has included pain management, x-rays of the feet, cortisone injections of the left foot, ultrasound of the left lateral leg in January of 2013 and an MRI of the left lateral thigh in March of 2013. Current documentation dated October 24, 2014 notes that the injured worker reported cervical and lumbar spine pain. Cervical spine range of motion was limited. The pain was rated a six out of ten on the Visual Analogue Scale. She also reported bilateral shoulder pain rated at a seven out of ten on the Visual Analogue Scale. Range of motion was noted to be decreased. On November 22, 2014 the injured worker submitted an application for IMR, for review of one CYP 450 Pharmacological Assay and a request for one DNA Genetic Assay test. On December 3, 2014 Utilization Review non-certified the requests for one CYP 450 Pharmacological Assay and one DNA Genetic Assay test, noting the Abul-Husn, N.S., Owusu Obeng, A., Sanderson, S.C., Gottesman, O., Scott, S.A., Abul-Husn, N.S. & Scott, S.A. (2014). Non- MTUS, ACOEM Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP 450 Pharmacological Assay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N.S., Owusu Obeng, A. Sanderson, S.C., Gottesman, O., Scott, S.A., Abul-Husn, N.S., And Pharmacogenomics and Personalized Medicine, 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Cytochrome P450

Decision rationale: Pursuant to the Official Disability Guidelines, Cytochrome P450 testing is not medically necessary. The guidelines do not recommend cytochrome P450 testing. Testing is not recommended except in a research setting. In this case, the injured worker's working diagnoses are chronic bilateral knee sprain; chronic bilateral ankle sprain; lumbar spine MLDP; cervical spine pain; bilateral wrist sprain/strain; bilateral elbow pain; and bilateral shoulder pain and induration of the left lateral thigh. Subjectively, the injured worker complains of neck and back pain and bilateral shoulder pain. Objectively, range of motion in the cervical spine was limited. Medications are not documented. The guidelines do not recommend cytochrome P450 testing. Additionally, there was no clinical indication or rationale for the requested CPY 450 pharmacologic assay. Consequently, Cytochrome P450 testing is not medically necessary.

DNA genetic Assay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N.S., Owusu Obeng, A. Sanderson, S.C., Gottesman, O., Scott, S.A., Abul-Husn, N.S., And Pharmacogenomics and Personalized Medicine, 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, DNA genetic assay

Decision rationale: Pursuant to the Official Disability Guidelines, DNA testing is not medically necessary. Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Two articles were found on the Cytokine Institute website. The articles did not meet the minimum standards for inclusion for evidence-based review. In this case, the injured worker's working diagnoses are chronic bilateral knee sprain; chronic bilateral ankle sprain; lumbar spine MLDP; cervical spine pain; bilateral wrist sprain/strain; bilateral elbow pain; and bilateral shoulder pain and induration of the left lateral thigh. Subjectively, the injured worker complains of neck and back pain and bilateral shoulder pain. Objectively, range of motion in the cervical spine was limited. Medications are not documented. The documentation did not contain a clinical indication a rationale for ordering a DNA genetic assay. Additionally, Cytokine DNA testing is not recommended guidelines. Consequently, DNA testing is not medically necessary

