

<b>Case Number:</b>	CM14-0214009		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 44 year old female with an injury date of 06/03/13. Based on the progress report dated 12/02/14 provided by treating physician, the patient complains of pain to the right shoulder (unrated) and pain to the left knee (unrated). Patient is status post workplace injury in which she was hit by a falling box, has no surgical history directed at this complaint. Physical examination 12/02/14 revealed tenderness to palpation to the right shoulder with positive impingement test, no examination of the left knee was provided. Progress reports 11/05/14 and 12/02/14 are handwritten and largely illegible. The patient is currently prescribed topical Flurbiprofen/Ketoprofen, Naproxen, Cyclobenzaprine, Pantoprazole. Diagnostic imaging was not included with the reports. Patient's current work status is not discussed in most recent progress report, though she is advised to remain off work for 4 weeks in 11/05/14 report. Diagnosis 12/02/14- Impingement syndrome, right shoulder- Sprain/strain, left knee- Lateral epicondylitis, left knee The utilization review determination being challenged is dated 12/12/14. The rationale is: "There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." Treatment reports were provided from 08/06/14 to 12/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA Test:** Upheld

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

**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, Genetic testing for potential opioid abuse

**Decision rationale:** The patient presents with pain to the right shoulder (unrated) and pain to the left knee (unrated). Patient is status post workplace injury in which she was hit by a falling box, has no surgical history directed at this complaint. The request is for DNA TEST. Physical examination 12/02/14 revealed tenderness to palpation to the right shoulder with positive impingement test; no examination of the left knee was provided. Progress reports 11/05/14 and 12/02/14 are handwritten and largely illegible. The patient is currently prescribed topical Flurbiprofen/Ketoprofen, Naproxen, Cyclobenzaprine, Pantoprazole. Diagnostic imaging was not included with the reports. Patient's current work status is not discussed in most recent progress report, though she is advised to remain off work for 4 weeks in 11/05/14 report. ODG guidelines, Pain Chapter, Genetic testing for potential opioid abuse, states, "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Treating physician has not provided a reason for the request. Progress reports provided do not indicate that the patient is currently taking narcotic medications, for which genetic testing is being evaluated for utility in identifying dependence risk. No other reasons for the requested genetic testing are provided. Furthermore, ODG guidelines do not recommend genetic testing as an appropriate preventative measure at this time. Therefore, the request is not medically necessary.