

<b>Case Number:</b>	CM14-0215979		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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 & Rehabilitation

### 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 49-year old female sustained an industrial related injury on 10/17/2003 when she fell backwards hitting her head and neck on a wall. The results of the injury included pain in the neck, right shoulder blade area and right upper extremity. Per the progress report (PR) (09/10/2014), the injured worker's subjective complaints included constant severe neck and right shoulder pain that goes all the way down to the hand. There was no specific data provided regarding the injured worker's level or severity of pain. Objective findings on this report included decreased range of motion (ROM) of the cervical spine and right shoulder (without specific degrees or limits noted), and tenderness in the cervical spine and right shoulder. Treatment to date has included medications, assistive/supportive durable medical equipment (DME), physical therapy, conservative treatments, anterior cervical fusion at C4-C5 and C5-C6 (03/31/2006), posterior wiring of the cervical spine (03/16/2007), and right shoulder rotator cuff repair with subacromial decompression and distal clavicle osteophyte resection (06/18/2008). An abdominal ultrasound (05/06/2014) was submitted which revealed a fatty liver with no other abnormalities. Other diagnostic testing mentioned, included a MRI of the right shoulder (01/31/2014) revealing a rotator cuff re-tear. Current diagnoses include myoligamentous strain of the cervical spine, mild chronic C6 radiculopathy on the right side (per neurodiagnostic studies), status post-operative anterior cervical fusion at C4-C5 and C5-C6 (03/31/2006) with incomplete union, status post-operative posterior wiring of the cervical spine (03/16/2007), status post-operative right shoulder rotator cuff repair with subacromial decompression and distal clavicle osteophyte resection (06/18/2008), right lateral epicondylitis, inflammatory process of the right

wrist, internal medicine diagnoses, and psych diagnoses. The DNA test kit was requested to aide in proper dosing and assessment of dependency, tolerance, effectiveness or misuse of medications. The vitamin B 12 injection was requested for the treatment of fatigue and nutritional support. Treatments in place around the time the DNA testing and vitamin B12 injection were requested included the use of a TENS unit, hot packs, medications, and activity restrictions. It was noted that the injured worker was waiting authorization for right shoulder surgery. Since there was limited data provided in the most recent exams, there is insufficient evidence to support any changes in the injured worker's level of pain. There was also limited data in regards to functional deficits and activities of daily living (ADLs); although the injured worker noted that her current regimen was helping with ADLs. Work status was unchanged as the injured worker remained on permanent disability. Dependency on medical care was unchanged. On 11/21/2014, Utilization Review non-certified a retrospective request for one (1) advanced DNA medicated kit (for genetic testing for prescription drug metabolism) which was requested on 11/12/2014. The advanced DNA medicated kit was non-certified based on the use of DNA testing of drug metabolism only being approved for laboratory research studies. Since the injured worker was being seen and treated for the diagnosis and treatment of an injury and not part of a study, the DNA testing was non-certified. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of a retrospective request for one (1) advanced DNA medicated kit (for genetic testing for prescription drug metabolism). On 11/21/2014, Utilization Review non-certified a retrospective request for one (1) injection of B12 on 09/10/2014 which was requested on 11/12/2014. The retrospective request for one (1) injection of B12 was non-certified based on insufficient evidence of efficacy in the treatment of chronic pain. The ACOEM - Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of a retrospective request for one (1) injection of B12 on 09/10/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Request for 1 Advanced DNA Medicated Kit (for genetic testing for prescription drug metabolism):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pharmacogenic Testing, Opioid Metabolism

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, genetic testing

**Decision rationale:** This patient presents with constant severe neck and right shoulder pain that radiates down to the hand. The current request is for 1 advanced DNA medicated kit (for genetic testing for prescription drug metabolism). The MTUS and ACOEM Guidelines do not discuss genetic testing. The ODG Guideline under its pain chapter has the following regarding genetic testing for potential opiate abuse. 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 largely phenotype range. The ODG guidelines does not recommend genetic testing. The requested DNA kit IS NOT medically necessary.

**Retrospective Request for 1 Injection of B12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 221-222. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, vitamin B pain chapter, B vitamins and vitamin B complex

**Decision rationale:** This patient presents with constant severe neck and right shoulder pain. The current request is for 1 injection of B12. The treating physician states that the B12 injection is for the patient's "fatigue and nutritional support." The ACOEM and MTUS Guidelines do not discuss B12 injections. The ODG Guidelines under the pain chapter regarding vitamin B states, "Not recommended for treatment of chronic pain. Vitamin B is frequently use for treating peripheral neuropathy, but its efficacy is not clear." ODG under the pain chapter further discusses B vitamins and vitamin B complex and states, "Not recommended for treatment of chronic pain unless this is associated with documented vitamin deficiency." The treating physician is requesting this medication for fatigue and "nutritional support." There is no discussion regarding vitamin deficiency, and ODG does not support this treatment for chronic pain. The requested B12 injection IS NOT medically necessary.