

<b>Case Number:</b>	CM14-0219292		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

The injured worker is an 85 year old male, who sustained an industrial injury on 7/19/2013. The mechanism of injury was repetitive bending, twisting, turning, pushing and pulling. The diagnoses have included sprain of the cervical and lumbar spine, strain of the bilateral shoulders, strain of the bilateral knees and strain of the bilateral ankles/feet. Treatment to date has included medications and therapy. Currently, the IW complains of pain in the thoracic and lumbar spine, and bilateral knees, ankles, feet and shoulders, rated as a 1 out of 10. Objective physical examination revealed lumbar spine tenderness to the right and left paraspinals with spasm. Range of motion testing reveals flexion of 45 degrees and extension of 10 degrees. Shoulder impingement is positive. Range of motion in the shoulders is normal. On 12/02/2014 Utilization Review non-certified a request for 1 CYP 450 pharmacological Assay and 1 DNA genetic assay test noting the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of for 1 CYP 450 pharmacological Assay and 1 DNA genetic assay test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, page 42.

**Decision rationale:** There was no mention of indication or specifics for justification of this CYP-450 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 antidepressants and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient responds to a particular antidepressant and antipsychotic; however, there is no such 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 chronic pain. The 1 CYP 450 pharmacological assay is not medically necessary and appropriate.

**1 DNA genetic assay test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain, page 42.

**Decision rationale:** MTUS/ACOEM is silent on genetic DNA testing for narcotic abuse risk; however, ODG Guidelines does not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria. 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 who has been stable. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines non-recommendation. The 1 DNA genetic assay test is not medically necessary and appropriate.