

Case Number:	CM15-0019087		
Date Assigned:	02/09/2015	Date of Injury:	04/19/2012
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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 37 year old female, who sustained a work injury as a decorator on 4/19/12 that was described as continuous trauma. She tripped on a mat and fell on her knees. Initially she felt pain in both knees and lower back that spread to the right hip. On 10/1/13 another incident occurred when she tried to keep trays from falling and felt a pulling sensation on her back and hips. Pain was then reported to the neck, bilateral shoulders, bilateral hand and wrists, bilateral upper mid back, bilateral knee and bilateral ankle and foot pain. Prior medical history included hypertension. The diagnosis was lumbago. Treatments to date included medication, physical therapy, podiatry care with injections in each foot and ankle. Examination revealed numbness in the upper extremity and tenderness in the neck. There was tenderness over the paraspinal area bilaterally with a positive straight leg raise bilaterally. There was tenderness over the calcaneal fibular ligament with tenderness over the lateral malleolus. Medication included Tylenol. The physician had requested a one time Prove Drug Metabolism laboratory test with the indication that medications affect each patient differently due to inherited variations. On 1/7/15, Utilization Review non-certified Drug Metabolism Test due to inherited variations, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug metabolism test due to inherited variations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines, Cytokine DNA Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Page(s): 42. Decision based on Non-MTUS Citation Pain section, Cytokine DNA

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, drug metabolite test due to inherited variation is not medically necessary. Drug metabolite testing due to inherited variations is tested through cytokine DNA testing. 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. In this case, the injured worker's working diagnoses are headache; unspecified musculoskeletal disorders and symptoms of neck; other unspecified back disorders; cervical neuritis/radiculopathy; lumbago; thoracic or lumbosacral neuritis or radiculopathy; sprain and strain unspecified site shoulder and upper arm; contusion of risk; sprain and strain knee and leg; tarsal tunnel syndrome. The documentation does not contain any medications. The injured worker takes over-the-counter Tylenol as needed. There are no opiates under consideration for treatment for this injured worker. The treating physician's rationale for ordering this test included "this testing is authorized this one time because pain medicines affect each patient differently". DNA testing is not recommended. Consequently, absent clinical documentation and guideline recommendations for cytokine DNA testing, drug metabolite test due to inherited variations is not medically necessary.