

Case Number:	CM15-0173667		
Date Assigned:	09/15/2015	Date of Injury:	05/01/2014
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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

Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on May 1, 2014. The injured worker was diagnosed as having status post left shoulder surgery on April 16, 2015, protrusion of C5-6 (cervical 5-6) with moderate left foraminal narrowing and radiculopathy, diffuse cervical spine spondylosis, left carpal tunnel syndrome, myofascial low back pain, and rule out lumbar radiculopathy. Medical records (April 29 to July 29, 2015) indicate ongoing left shoulder pain rated 6 out of 10, left hand pain rated 3 out of 10, and low back pain with right lower extremity symptoms and rated 5 out of 10. Records also indicate worsening of his left shoulder condition due to no recent therapy. His activities of daily living are facilitated by his medications. He has a greater activity level and greater function with his medications. He takes Hydrocodone 2-3 times per day for breakthrough pain only and Tramadol ER 300mg per day. The physical exam (April 29 to July 29, 2015) reveals well healing left shoulder incisions without signs of infection and limited range of motion due to pain. There is lumbar spine and lumboparaspinal musculature tenderness and decreasing lumbar range of motion. There are increased left Jamar readings and continued decreased sensation in the left median nerve distribution and positive Tinel's and Phalen's. On March 6, 2015 and April 22, 2015, a urine drug screen was positive for opiates including Hydrocodone, Hydromorphone, and Tramadol. Surgeries to date have included a left shoulder arthroscopic synovectomy, debridement of partial thickness rotator cuff and lysis of adhesions on April 16, 2015. Treatment has included at least 10 sessions of postoperative physical therapy for the left shoulder, a left wrist brace, a cold unit, transcutaneous electrical nerve stimulation (TENS), and medications including short-

acting and long-acting pain, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (July 29, 2015 report), the employee has not returned to work. On July 29, 2015, the requested treatment is DNA genetic testing to rule out metabolic pathway deficiency, for proper medications election and management. On August 26, 2015, the original utilization review non-certified a request for DNA genetic testing to rule out metabolic pathway deficiency, for proper medications election and management.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA genetic testing to rule out metabolic pathway deficiency, for proper medications election/management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Genetic testing for opioid abuse; Pharmacogenetic testing/pharmacogenomics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, pharmacogenetic testing is not recommended. These tests are in the experimental stages and there is little guidance on results of tests and validity of results. "DNA genetic testing to rule out metabolic pathway deficiency, for proper medications election/management" is not medically necessary.